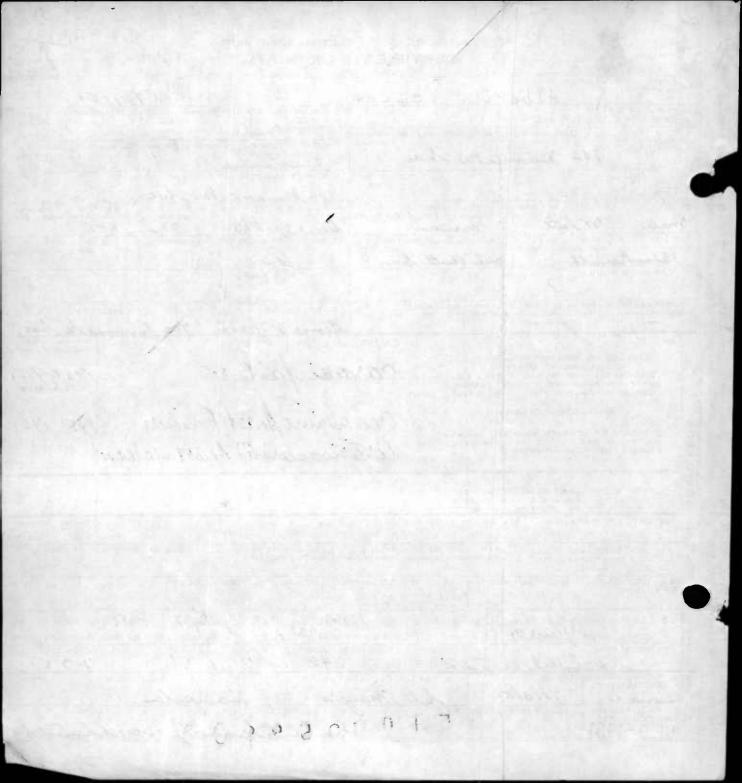


51 6002

Registered No.

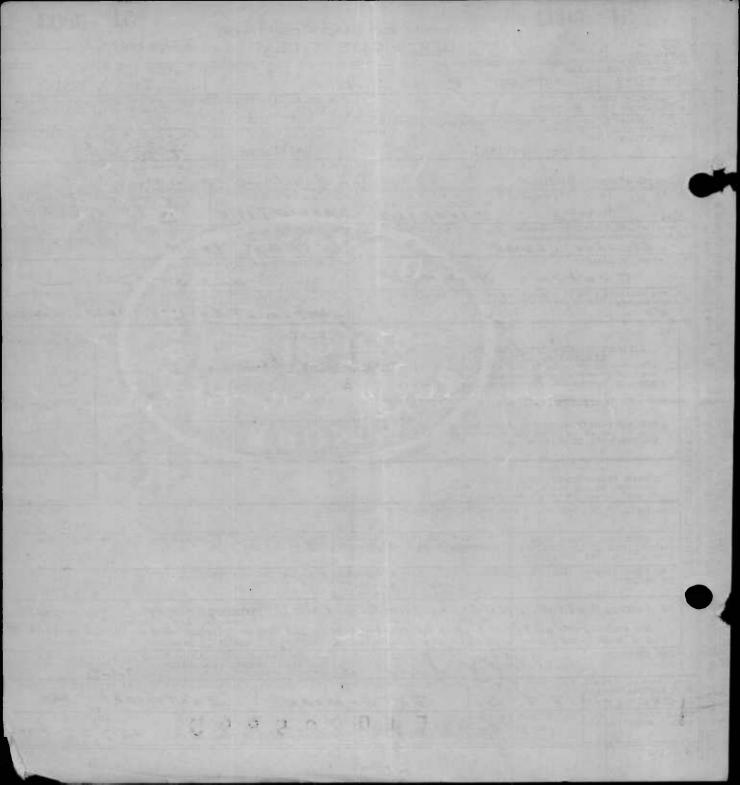
1	BIRTH N	10.			LICITI TOAT	L OI DEAI	A Second			
d. 1	1. NAME (Type or	OF DECEASE Print)	Albe	ert	Yeagen			OF 7/	17/51	
supplied		of DEATH:			, ,	4. USUAL RESID	DENCE (Whe		If institution : r	esidence admission)
Ins		NAME OF (		ai or institution	n, give street address o	n	ol.			
4	INSTITU		2 Bun	no Bo.		c. CITY OR TOW	N (If our	tside corporate lin	nits, write RUR	AL and give township)
1 y	0.0		1-10/0	neer as	Yrs.	D. STREET ADDR	RESS (If rur	al, give location)	-00	
		th of stay in	Baltimore		Mos. Days	702 Bu	mecho	- /		
l be	5. SEX		OR OR RACE	7. SINGLE. WIDOWE	MARRIED. D. DIVORCED (Specify	8. DATE OF BIRT	TH 9	AGE (In years last birthday)	If Under   Year      Months: Days   H	Under 24 Hours ours: Min.
oulcould ily	male	JAL OCCUPATI	hite	ma	rued	Dec 13, 18		77		0 0
rmation should be death clearly and	work done du	ring most of working!	life, even if retired)	mel. B.	of Business or INDUSTR	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
nati	13. FAT⊢	IER'S NAME	2			14. MOTHER'S M	AIDEN NAM	E		
nfo	15. WAS I	DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			1000000	
	(Yes, no nr u	nknnwn) (If yes	, give war nr dates	of service)	SECURITY NO.	Harris Pr	10	702 Bu	ADDRESS	1
Every item of i	18.	420.	0.		CAUSE	OF DEATH	Jesu	102 1311	INTERVAL	BETWEEN ND DEATH
itel he c		DISEASE OR	CONDITION I	H	001		+		ONSE! A	ND DEATH
ery te t	hea	his does not me art failure, asthe	an the mode of nia, etc. It mean	f dying, e.g., ns the disease.	(A)CUS	disc fae	suse	•••••	1950	2-1551
Ever	inj	ury or complica			DUE TO				2,	
K.	z		EDENT CAUS		(B) Cou	garriel So	ast F	selese	1950	-1951
INK. please	ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Cougasium feast Faul Due to Osterioselesolis heast							-		
UNFADING Physicians:	Ü	IDERLYING CO	ONDITION LA	ST.	(c) USC	esuscleso	les held	is olise	asi	
AD			11							
NF	₩ TR	HER SIGNIFIC	DEATH, BUT I	NOT RELATED						
I D	_	THE DISEASE OF			INDINGS OF OPE	RATION			20. AU	TOPSY?
ant.	N C P			1 24 2 4					YES	NO V
LY, WITH important.	O LYIN	ACCIDENT WAR	AS UNDER- RIBUTING		E OF INJURY (e. g., n,factory,street,officebldg.			n Baltimore City	, give exact loc	ation)
V	21D. T	TIME (Month)	(Day) (Year)		E. INJURY OCCUR		D INJURY O	CCUR?		-
iall				m. w	ORK NOT WHILE		/ 0 /			
especially	22. I	hereby certif	that I att	ended the de	eceased from 1		v, to Jul		IL, that I las	
Fils es	23A.	isea alive on_ Signature	yunea	1, 19 <b>3</b> L. an	ed that death occu	23B. ADDRESS	., from the	causes and on	the date stat	
age i		2	Walle	ustou	M. D.	848 W	36 ch	St.	7-2	51
140	Z4A. BU TION, REM	OVAL (Specify)	24B. DATE	,	C. NAME OF CEMET	ERY OR CREMATORY	24D. LOC.	ATION (City, tow	n, or county)	(State)
correct	DATE RE	CEIVED BY	7/10/			25. FUNERAL DI	Han	polen.	ADDRESS	
COL	LOCAL F	9 - 1951		JIGINATURI	5 1 0 6	Paul E.S.	Lenouse	TH. 3615-1	7 Chest	to face
	vs	150						1	92	7



supplied.

of

item



51 6004 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Merce Yrs. D. STREET ADDRESS (If rural, give location) Mos. . domitans Length of stay in Baltimore Days 9. AGE (In years If Under I Year Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED WIDOWED, DIVORCED (Specify) Male Vec. 5, 188 Nidowell 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retiged) WHAT COUNTRY? INDUSTRY nona Rel- Welder 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHOP GANNON Jeorge H. Will 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. NO CAUSE OF DEATH 585 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY fent Congestive LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 7-5 1957, to 7-6 , 19 1, that I last saw the deceased alive on 7-6 19 5%, and that death occurred at 6 32m., from the causes and on the date stated above. 23c. DATE SIGNED

VS 150

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 1217 ST. 7

24C. NAME OF CEMETERY OF CHILINA

SACRED HEART

24A. BURIAL, CREMA-I

TION, REMOVAL (Specify)

BURIAL

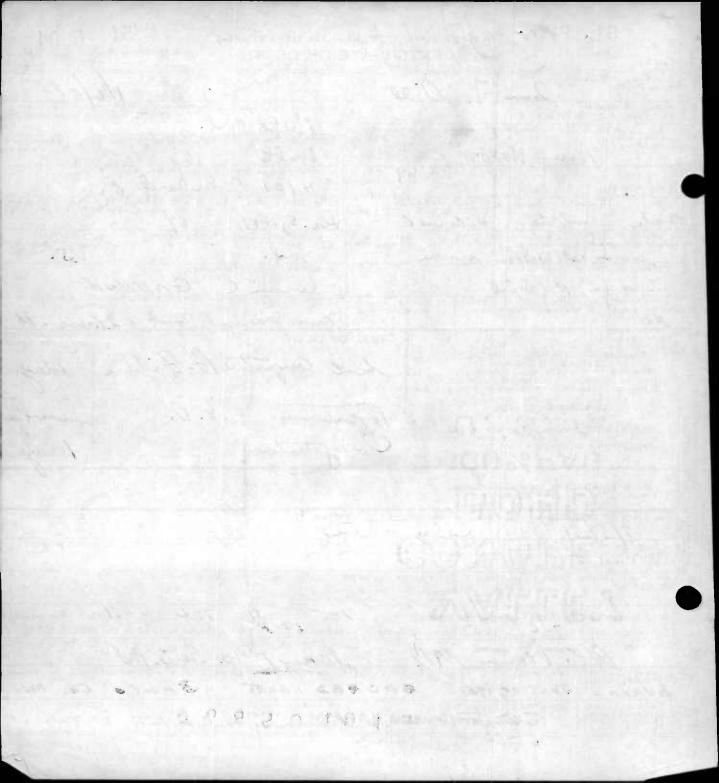
24B. DATE

JULY 10, 1951

1270

24D. LOCATION (City, town, or county)

BALTO, Co. Md.



CERTIFICAT	E OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print) ROBERT KNICKMAN	2. DATE OF DEATH JULY 7, 19	953
S. PLACE OF DEATH: A. Baltimore City, Maryland Maryland.  B. FULL NAME OF (If not in hospital or institution, give street address of the control of the cont	4. USUAL RESIDENCE (Where deceased lived. If institution: residence and A. STATE Maryland B. COUNTY before addressed to the state of th	dence mission
HOSPITAL OR INSTITUTION St. Agnes Hospital	Baltimore, to	and give
Length of stay in Baltimore 18 Yrs.  Mos. Days	11 Dittery 1700A 00. 7720	
5. SEX    6. COLOR OR RACE   7. SINGLE. MARRIED, WIDOWED DIVORCED (Specify)	Aug. 25. 1932 last birthday) Months Days Hour	er 24 Hours S Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  STUDENT.	11. BIRTHPLACE (State or foreign country)   12. CITIZEN O	
CHARLES KNICKMAN	BERTHA ESPAY.	/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SHADY NOOK CT. BALTIMORE, MARY	LAN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	tie mafferen Preghete  Tremante	DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	harmati Carlo vase dina (chronic)	ver
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTO	PSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact locatio INJURY OCCUR?	n)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK		

especially important.

correct age 15

22. I hereby certify that I attended the deceased from 6-26-3, 1951, to 7-7 deceased alive on\_

24B, DATE

, 195 , that I last saw the , 195 1. and that death occurred at 12:53 Pm., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL. CREMA-TION, REMOVAL (Specify)

アーカインでは、からからからないとうなった

24D. LOCATION (City, town, or county)

Burial

Good Shepherd Cemetery | Rog

Rogers Ave. Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAS

Sons Catonsville, Md.

VS 150

See Document File 51-6005 7/17/51

#### BALTIMORE CITY HEALTH DEPARTMENT

**→** 51 6006

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered :	No
1.		ASED	El. L	SWORTH I	BRANDENBURG	2. DATE OF DEATH	14 8 195
	PLACE OF DEAT Baltimore City	H: , Maryland			4. USUAL RESIDENCE (		f institution; residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit	al or institut	ion, give street address o location		if outside corporate limi	ts, write RURAL and give township)
D	Length of stay	in Poltimove		Yrs. Mos.		f rural, give location)	£400
Samuel State of State		COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH		li Under 1 Year   If Under 24 Hours
1	meles	white	N	VED, DIVORCED (Specify	July 23-186,	4 88	onths Days Hours Min.
worl	A. USUAL OCCUP	rking life, even if retired)	108. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM		0	Men de la company de la compan	14. MOTHER'S/MAIDEN	NAME	a, E,
1	Vellea	us 8. 1	Bus	rall	Aures &	Kenn	
15 (Ye	. WAS DECEASED E	VER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. NFORMANT		ADDRESS
-	us	no		nous	reall / 124	redecelouren	Bellevarda
RTIFICATION	(This does no heart failure, injury or cor AN DISEASES ORISE TO THE UNDERLYING	OR CONDITION ADDING TO DEA t mean the mode asthenia, etc. It mea nplication which TECEDENT CAU: R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L.	TH of dying, e.; ons the disease caused death SES FANY, GIVII STATING T.	(B) AMM	eris-Scler externing nd Samle	Qu de se	-4
CEF	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED			
AL	19A. DATE OF C	PERATION 0	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT HOMICIDE (	Specify)	218. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	is or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
M	OF INJURY	nth) (Day) (Year	m.	21E. INJURY OCCURP WHILE AT NOT WHILE WORK AT WORK	26.51	ey occur?	
	deceased alive			deceased from and that death occu	rred at 3 m. from	the causes and on t	that I last saw the the date stated above.
	23. SIGNATUR		1.0		238. ADDRESS	MUA	23c. DATE SIGNED
Z. Tl	AA. BURIAL CRE	MA- 24B. DATE	57	24. NAME OF CEMET	ERY OR CREMATORY 240.	LOCATION (City, town	n, or county) (State)
	ATE RECEIVED B		SSIGNATI	RE C. I C	25. FUNERAL DIRECTOR	of Co. +	ADDRESS 93)

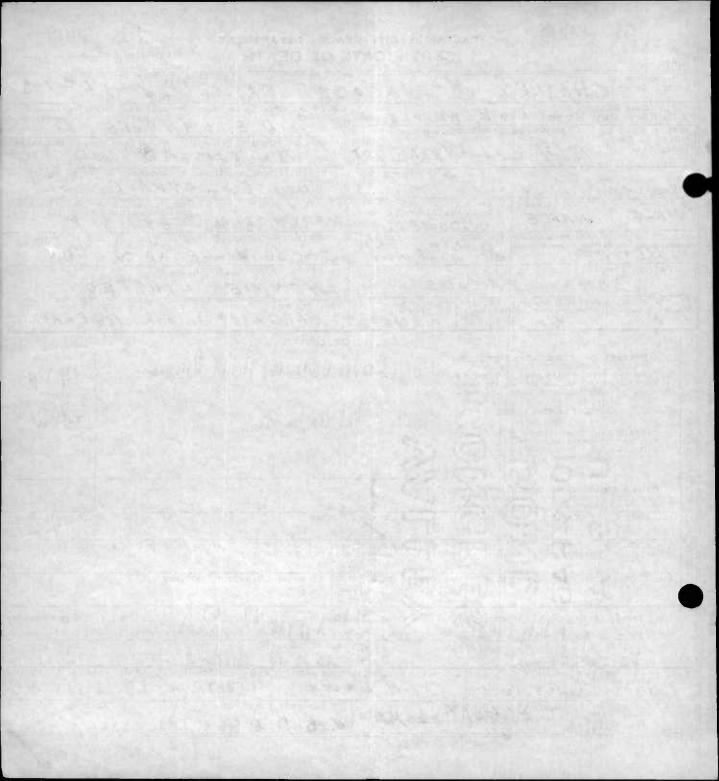
VS 150

correct age is especially important. Physicians: please write the causes of death clearly and in

Elwow Budge & Vew Eludsing &

TRUBERS AND REAL PROPERTY. And the second s 

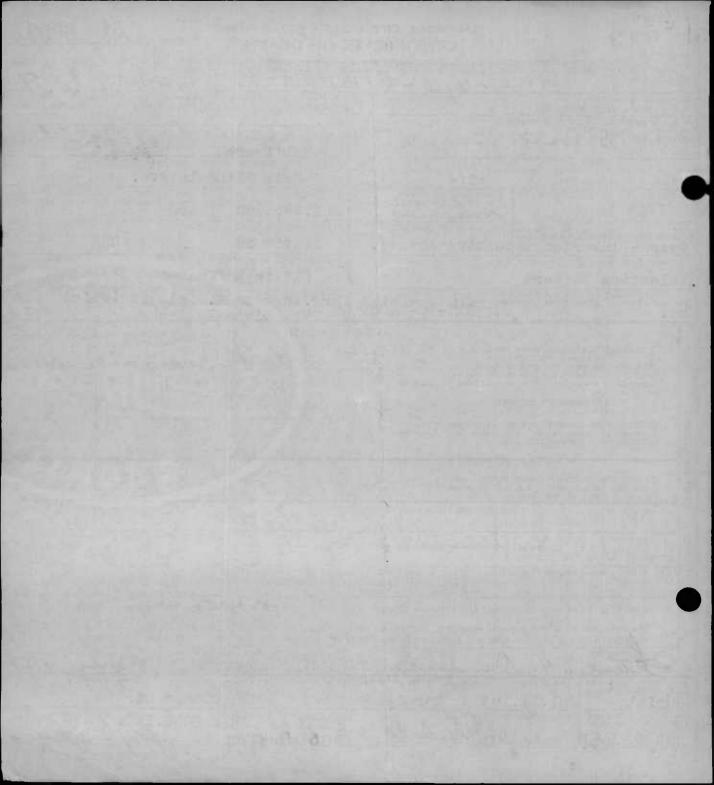
and the same THE RESERVE WAS A VALUE OF THE PARTY OF THE and those to the proper account Add the same of th



. 1	13
	6009

# 

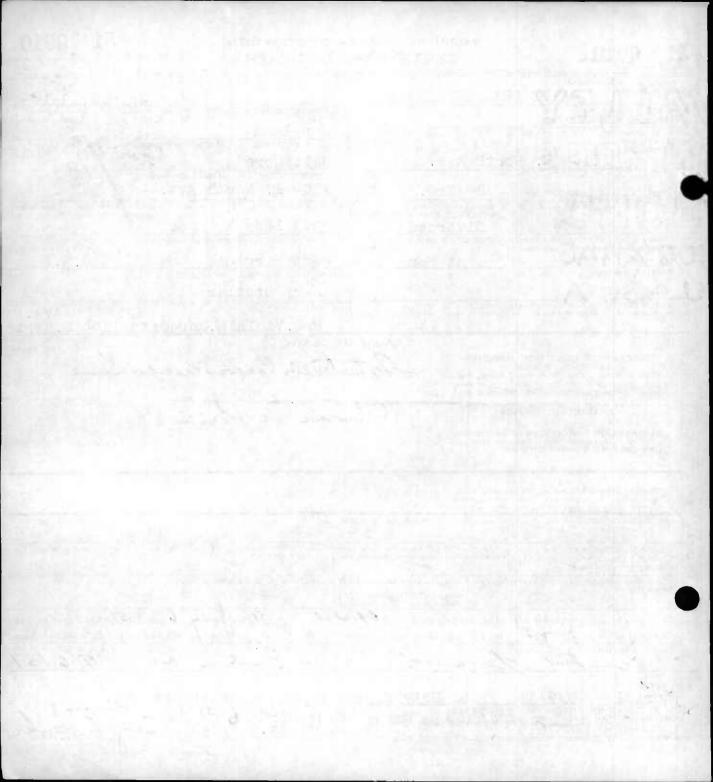
- L.		E OF DEATH	Registered No.
_	NAME OF DECEASED WILLIAM FREDERIC	K SEIBERT)	12. DATE
		BERT	DEATH JULY 8, 1951
	PLACE OF DEATH:		here deceased lived, If institution: residence B. COUNTY before admission)
_	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY before admission)
H	OSPITAL OR BOLT. Social location)		outside corporate limit of write AURAL, and gree
	Simonon S. 13aco Seneral	Baltimore	township
	Yrs. Mos.	o. STREET ADDRESS (If I	
	Length of stay in Baltimore Life Days	2911 Glend	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Jul. 29.1890	9. AGE (In years last birthday) Months Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State er fo	reign country)   12. CITIZEN OF
G	uard-Pinkerton Detective Agency.	Baltimore	USAWHAT COUNTRY
	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	
V	alentine Seibert	Lillie Hoff	îman
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.	Mrs. Augusta A.	. Seibert (Wife)
		OF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	terioscleratic	Cardiovascular disease
	heart failure, asthenia, etc. It means the disease,		
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************	
Ĕ	UNDERLYING CONDITION LAST.	***************************************	
CA	(0)		
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-		
ER	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
1			YES NO
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give exact location
M	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?
	OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK		
	22. I certify that I took charge of the remains described	above, held a Juspec	to theyming thereon and from
	the evidence obtained by said Autopsy, Inspection or	Autorsy, 1	inspection or inquiry
	and death in my opinion resulted from: natural cause	es V, accident []. suicide	. homicide . undetermined .
	23A. SENATURE	23B. CHIEF MEDICAL	EXAMINER D L 230. DATE SIGNED
		ASSISTANT MEDICAL I	OR
2. TI	4A. BURIAL, CREMA- 4B. DATE 24C. NAME OF CEMETE	7 - 17 - 1	OCATION (City, lond, or county) (State)
E	Burial Jul.11.1951 Moreland	<del>                                     </del>	imore Mt.
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SAND RECTOR	SONS.INC. ADDRESS
	1111 9-1957 with a for Williams, Mill	Baldindre Mds	Sen Y Hunden
V	\$ 151	Ca	1 100
	163	8-2	431)



165
51 6010
BIRTH NO.

Registered No. 6010

1. NAME OF DECEASED (Type or Print) DAISY DEAN HOVERMALE	2. DATE OF DEATH JULY 6.1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits of its URAL and give
1104 E. North Ave.	Baltimore (If outside corporate inmits with a country township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give loc. tion)
Length of stay in Baltimore 20 Yrs. Days	1104 E. North Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   1 Under 1 Year   16 Under 24 Hours   last birthday   Months; Days   Hours; Min.
F W Divorced  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Jan.3,1885 66
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
Housekeeper At Home	West Virginia U.S.A.
? Sherrard	14. MOTHER'S MAIDEN NAME
	Mary Stotler
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS AVe.
	Mrs. Viola M. Meredith 1104 E. North
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rlevein Carlos - Vascular Disane
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	mie lublit
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1000
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ONDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
IN TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
Z GAGE OF BEATH (	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	il , 1951, to July 6, 1951, that I last saw the
deceased alive on fuly 5, 19 5], and that death occur	
	3B. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	
Burial 7/9/51 Holy Redee	
LOCAL REGISTRAR	H. Sander & Gons, Inc North Av. & Broadway Joy / Jamler
WS 150	MOTION AV. OF Broadway - 19 11 Sture
VS 150	/ / /210
	1010



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF a the rine DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or d. HOSPITAL OR (If outside corporate limits write C. CITY OR TOWN **XURAL** and give INSTITUTION township 2/timore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore JUNI DOY Dogo Dans 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. dinale 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none U.S.A none 13. FATHER'S NAME MAIDEN NAME MOTHER'S Hnthony 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 4108 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriosclerotic Cardiovascular Renal Disease heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL none YES NO 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from . 19\_\_\_, to\_ , 19\_\_\_, that I last saw the deceased alive on 6 30 14, 1951, and that death occurred at 10.40 Pm., from the causes and on the date stated above.

23c. DATE SIGNED 6 duly 145

24A. BURIAL, CREMA-CREMA-24B. DATE Burial New Cathedral DATE RECEIVED BY

24C. NAME OF CEMETERY OR GREMATORY

24D. LOCATION (City, town, or county)

Baltimore.

LOCAL RECISTR

un monz

25 FUNERAL DIRECTOR

ADDRESS

ere and lost of San Daniel Company Approximation and provide the design of the same The same of the sa terrene and the second second second second 

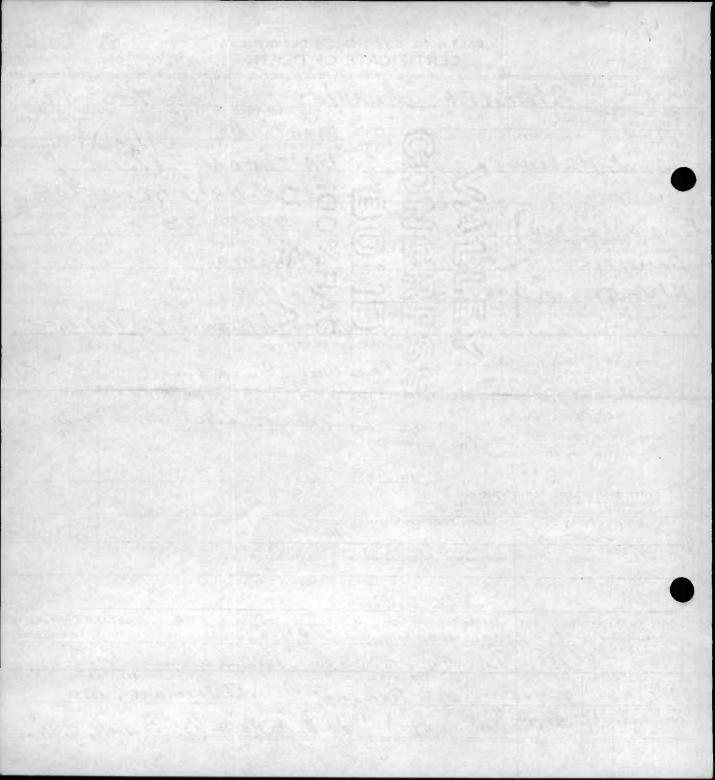
642 51 6012

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 6012

BI	RTH NO.						
(T	NAME OF D ype or Print)	AIB	ERTA	ZUA	RIES	2. DATE OF DEATH 7-	6-51.
	PLACE OF D Baltimore (	EATH: City, Maryland			A. STATE	CE (Where deceased lived, I: B. COUNTY	f institution : residence before admission)
8.	FULL NAME		tal or institution,	give street address or location)	C. CITY OR TOWN	(If outside corporate limit	S, warte EURAL and give
IN	ISTITUTION	1 Apl	G.T.	A	RALTINA	1 P = 69	township)
1	dIN	, /141110	Gran	Yrs.	D. STREET ADDRESS	(If rural, give location)	^
C.	Length of s	tay in Baltimore	35 4	P5. Mos. Days	921 N.	ARLINGTO	N AJE
5.	SEX	6. COLOR OR RACE	7. SINGLE, M.	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH		H Under   Year   H Under 24 Hours onths   Days   Hours   Min.
2	MALE	COLORED	SING	lē	181	7 73	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
15	JAMES.		FRIVE	TE	14. MOTHER'S MAID		
1	1/25	er 2.	00/0-			7	
15	. WAS DECEASI	ED EVER IN U. S. ARME	D FORCES?   16	. SOCIAL	JENNII.		ADDRESS
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			ARLOGION
_	18. 2.2	5		CALISE	OF DEATH	777775 - 7 34 7	INTERVAL BETWEEN
	50	SE OR CONDITION	DIRECTLY	7	o. DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	(A) Cere	ebral Sen	nonhage	7-6-51
	heart failt	re, asthenia, etc. It me complication which	ans the disease,	DUE TO		0	
		ANTECEDENT CAU	SES	2	1 1 ===		n
Z	DISEASE	S OR CONDITIONS,	IE ANY GIVING	(B)	Lyperter	Lecov	may 1,51
Ě	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO	0		
10							
F		11		(C)			
ER	TRIBUTING	G TO THE DEATH, BUT	NOT RELATED				
0		F OPERATION	198. MAJOR FIL	DINGS OF OPER	ATION		20. AUTOPSY?
AL		none		in			YES NO
DIG	HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE about home, farm,	OF INJURY (e. g., in actory, street, office bldg., e	or 21c. WHERE DIE		give exact location)
Σ E		(34 - A) A (5)	) (XX	IN HIER COCHER	ED 21F, HOW DID I	NURY OCCUR?	
	F INJURY	(Month) (Day) (Year	) (Hour) 21E.	INJURY OCCURR	T ZIF. HOW DID I	NJORT OCCURT	
			m. woi	RK AT WORK		- /	
		y certify that I at	tended the dec	eased from that death occur	-/ 193/,	rom the causes and on	I, that I last saw the
	deceased a		11951. ana	that aeath occur	38. ADDRESS	rom the causes and on	23c. DATE SIGNED
	H	TACILIX	(1) we	M. D.		im avenue	7-9-51
	AA. BURIAN		240.	NAME OF CEMETE		24D. LOCATION (City, town	
1	SURIA.			T. HUBU		BATIMORE	ADDRESS
L	OCAL RECEIVE	RAL REGISTRAR	SIGNATURE	.5 1 0	25. FUNERAL DIREC	L. O GU P	ADDRESS
_	JULJ	1001	- I IPAN ANGA	I HOLD	M. M. MEKS	ON-710 (EN	NA TUE
	VS 150	- 000 A	3 9				2 -

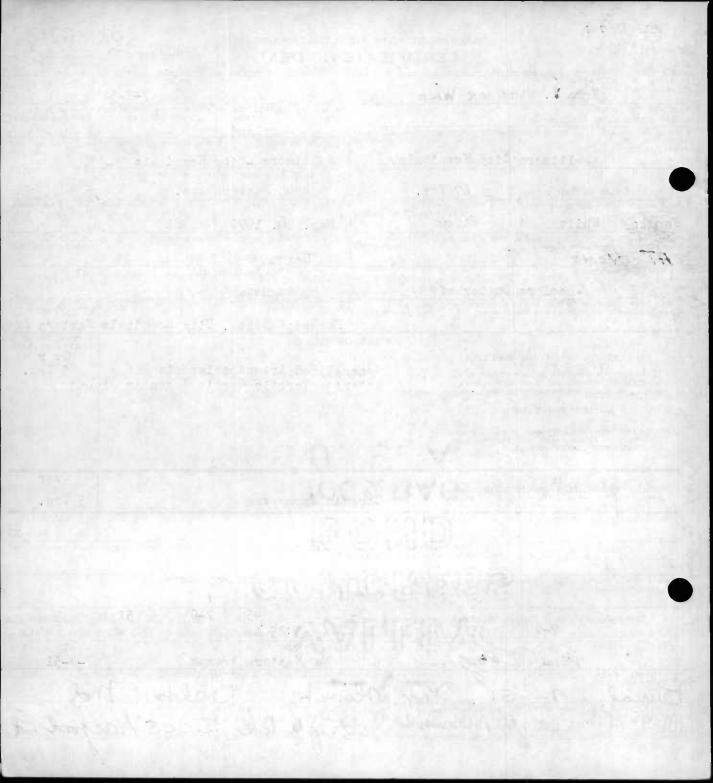
7208A



51 6013

Registered No.\_\_\_

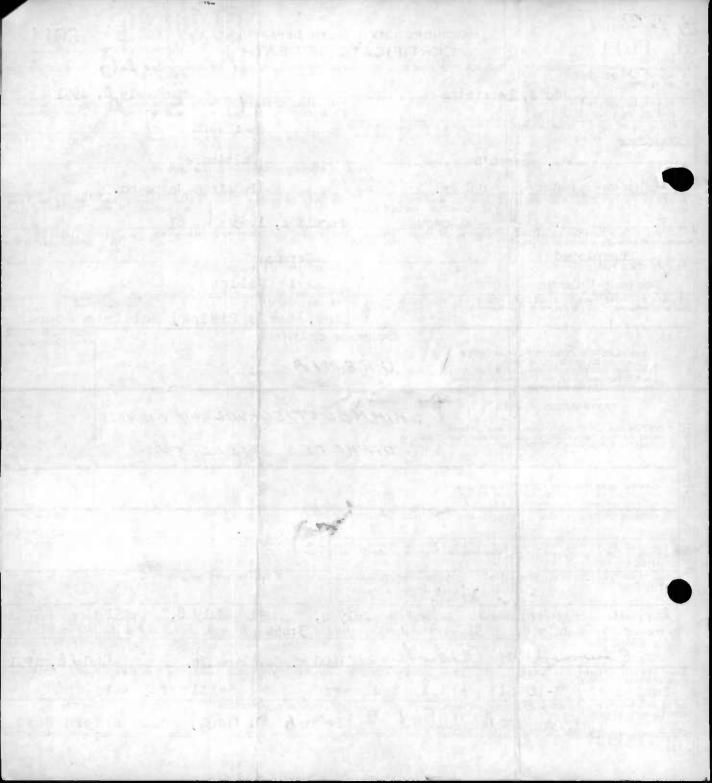
	111111111111111111111111111111111111111						
1. (T	NAME OF D ype or Print)	Emma V. Wic	ck or	Wich		2. DATE OF DEATH 7-9	-51
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (		If institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		If outside corporate li	nits write RURAL and give
2		Baltimore	City H	ospitals	Baltimore _Cit	v Hospitals	township)
				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c.	Length of s	tay in Baltimore	6	7 Yrs. Mos. Days	4940 Easter	n Ave.	
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year   If Under 24 Hours
	Female	White	Wi	VED, DIVORCED (Specify)	Mar. 25, 1870	81	Months Days Hours Min.
wark	dane during most	CUPATION (Give kind of gorking life, even if retired)	10B. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		IOME			Germany		
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	
		Theodore	Duster	hoff	Augusta	S. Harrison	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 4940
	,	( , , , , , , , , ,	,	SECORITI NO.	Records* Balto.	City Hosnit	
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA not mean the mode ore, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which is considered to the complication of the co	of dying, e.g. ins the discast caused death SES  F ANY, GIVIN STATING THE	e, L) DUE TO Arte	eralized Arterios eriosclerotic Car		
IFIC		e 11					Over
CERT	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT	NOT RELATE	Chr.	onic Emphysema		5 Yrs.
		and the second s	With the second second	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y							YES NO X
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, nffice bldg.,	in or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
	ID. TIME	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
L	INJURY		m.	WHILE AT NOT WHILE			
	22 I hand	y certify that I att		3	-31 , <sub>19</sub> 45 <sub>to</sub>	7-9 16	1, that I last saw the
	deceased al	7_0		and that death occur	, 10		the date stated above.
	23A. SIGNA		, 10		23B. ADDRESS	the chases and on	23c. DATE SIGNED
		9.5.	260	M. D.	4940 Eastern Av	enue	7-9-51
24	A. BURIAL, ON, REMOVAL (S	REMA- 24B. DATE	0	24C. NAME OF CEMETE		OCATION (City, tov	
	Duria	1 7	51	my ol	wet 1/2	Salto	Mol
D/	TE RECEIVE	BY   REGISTRAR	SSIGNATL		OF SUMERIA DIRECTOR		
	W. Beat	351 / hunter al	如似	iama, Mai ()	25 FUNERA DIRECTOR	153057	Variora Pa



5	6	-0
51	PTH.	6014

51 6014

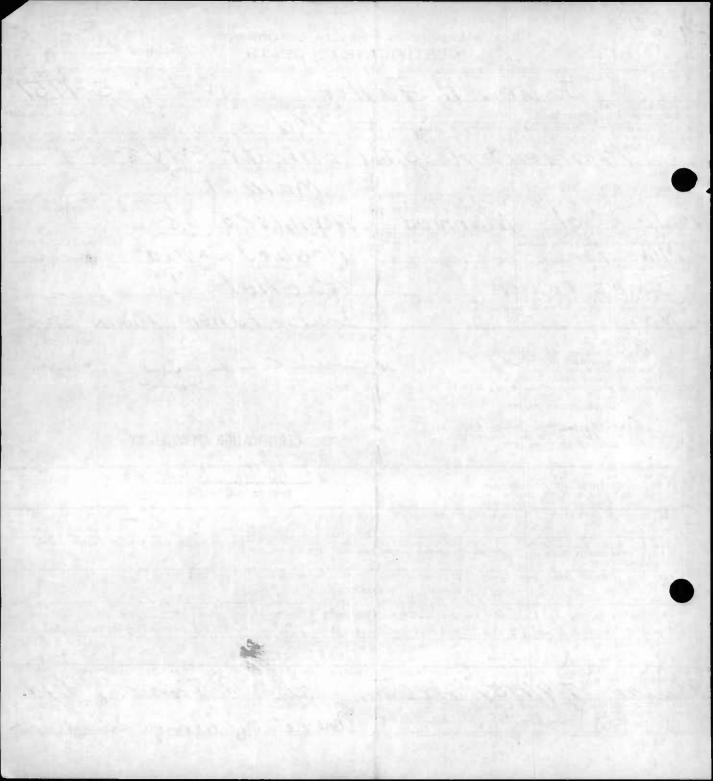
Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH .hly 8, 1951
4. USUAL RESIDENCE (Where deceased lived. If institution: residence Addis. Henrietta 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY , before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN St. Josephis Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. length of stay in Baltimore Belair & Joppa Rd. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | | Under | | Under 24 Hours | last birthday) | Months: Days | Hours: Min. Widowed 1883 August 1. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dane during most of working life, even if retired) INDUSTRY WHA'T COUNTRY? Unemployed Germany
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Ruhman Marie Neiles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, nn or unknnwn) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, nn or unknnwn) SECURITY NO. Mrs. Marie Bialek, Belair & Joppa CAUSE OF DEATH 60 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY WUREMIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES BIKIMMEL STIEL-WILSON KIDNEYS RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DIABETES MELLITUS 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ICAL YES SC 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, form, factory, street, office bldg., stc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK , 1951, to July 8. \_, 19\_51 that I last saw the 22. I hereby certify that I attended the deceased from July 4. deceased alive on July 8., 1951, and that death occurred at 3:45am., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11:00 N. Caroline St. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Holy Redeemer Baltimore, Maryland Burial 7-10-51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Leonand D. Ruck, 5305 Harford Road



	1460	ク
l	1 60	45
ľ	BIRTH NO.	10

Registered No. 51 6015

BIRTH NO.	CERTIFICA	TE OF DEATH	Megistered No.	
1. NAME OF DECEASED	11	1/	2. DATE	10
(Type or Print)	es H. tui	ller	OF 7-5	5-1951
3. PLACE OF DEATH:		4. USUAL RESIDENCE (V	Where deceased lived. If ins	titution : residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospits HOSPITAL OR	al or institution, give street addres locati		stow a	120
INSTITUTION >	.1 11	c. CITY OR TOWN	outside corporate limits, w	vrite RURAL and give township)
FROYIDEN	I HOSPITO	1 Ellicott	CITY	- · · · · · · · · · · · · · · · · · · ·
	11		rural, give (ceation)	Transaction
ength of stay in Baltimore	Mo De	ys Mains	7.	000
5. SEX   6. COLOR DR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) # Und	ler 1 Year   If Under 24 Hours
MINIO Mal	WIDOWED, DIVORCED (Spe	cify) Alas 11 1000	last hirthday) Month	bays Hours: Min.
1416 001.	Maprica	1101.111000	08	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR		oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
MINESTER		NOWZAGO	D. N.d.	u.sa.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME 3	
( 12 MAD & +1, 1/1	2 42	Paahal		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	110001101		
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO	. 17. INFORMANT	// ADD	RESS
100		Louise ful	16h Mai	N ST
18. 42211	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	h A		ONSE! AND DEATH
(This does not mean the mode of	TH /4 e/	misselecte Cod	A 1000 . A. 1	41000
heart failurc, asthonia, etc. It mean	ns the disease,			
injury or complication which ca	aused death.) DUE TO		Drunk	
ANTECEDENT CAUS	ES			
Z	(8)			
O DISEASES OR CONDITIONS, IF		OFFICIALION	LADDOOUTO OV	
UNDERLYING CONDITION LA	ST.	CERTIFICATION	I APPROVED BY	
<u>0</u>	(C)	/1/-	1 12	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST CONDITIONS OF TRIBUTING TO THE DEATH, BUT TRIBUTING TO THE DEATH TRIBUTING TO THE D		11/10/00.	All MATTHEM, D.	F
OTHER SIGNIFICANT CONDI			MEDICAL EXAMINER.	
TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION			TEDICAL EXAMINER.	
. 19A. DATE OF OPERATION . 1 1	98. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
AL AL				YES ND
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e.	g., in or   21C. WHERE DID (	If in Baltimore City, give	
LYING OR CONTRIBUTING	about home, ferm, factory, street, office b	dg.,etc.) INJURY OCCUR?		
Σ				
21D. TIME (Month) (Day) (Year)			Y OCCUR?	
	m. WHILE AT NOT WE			
22 1 1 1 1: 1 1 1		4 9/	1017	that I last and I
22. I hereby certify that I att				that I last saw the
	t, 1917, and that death oc		the causes and on the	
23A. SIGNATURE		23B. ADDRESS		23c. DATE SIGNED
Jen of un	м. D.	1637 4. Celus Sh		. 671
24A. BURYAL CREMA- 24B. DATE	245 NAME OF CEM	ETERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
BuliAl 7/9/19	751 Willes	n. 1891 (16	VI marille	4/1/N.
	SSIGNATURE	25. FUNERAL DIRECTOR	The state of the s	DDRESS 3 32 N
	ton Williams, Miller	The 1/+ 0:	00.	1
JUL 9-1951   water	A . A I . A . C. C	IN Taka Office	decensor su	wordle RX
VS 150	Parliaging and	0	CI CI	0-5
	009	8 W		731

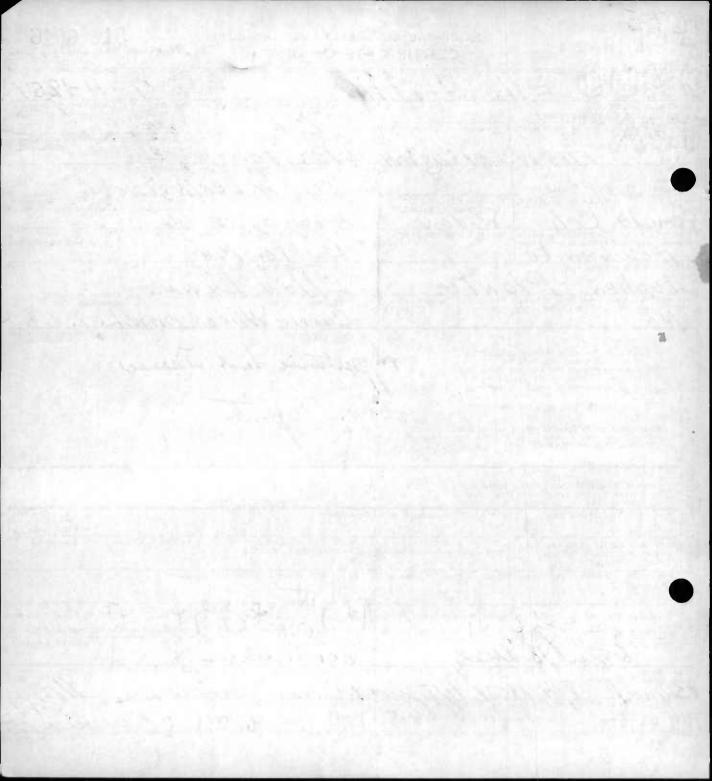


6/5 1 6016

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6016

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATA before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore 9. AGE (In years Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED . DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. WIDOW 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? tous evite 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no og unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF DEATH 592X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY HOT WHILE WHILE AT m. WORK 19 I that I last saw the 22. I hereby certify those I attended the deceased from. 19 and that death occurred at 18 m., from the lauses and on the date stated above. deceased aliven 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24D COCATION (City, town, or county) 248, DATE 4c. NAME OF CEMETERY OR CREMATORY LON, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR water for Ithe QF



Registered No. 51 6017

BIRTH NO.									
	NAME OF DEC		TEO III			2. DATE July	7, 1951		
ELMER ALON ZO HENDERSON  3. PLACE OF DEATH:					4. USUAL RESIDENCE (V	I DEATH			
A. Baltimore City, Maryland					A. STATE Maryland	B. COUNTY	before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) Wyman Pk. Drive & 31st St.				9 19 \	c. CITY OR TOWN (If outside corporat) limits, write RURAL and				
					Baltimore township				
Yrs.				Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
		y in Baltimore	3 SINCL	Days	2560 Mc Culloh Street  8. DATE OF BIRTH   9. AGE (In years      Under   Year      Year				
5. SEX 6. COLOR OR RACE Col 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Arried					4/14/87	last hirthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  None  10B. KIND OF BUSINESS OR Retired Assistants TRY Supt. of Schools					11. BIRTHPLACE (State or for Maryland	12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NA	Me per Henders			14. MOTHER'S MAIDEN NAME Eliza Cole				
15 (Yes	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records-US: Marine Hospital, Balto, Md.				
	18. an	2 ~		,	OF DEATH		INTERVAL BETWEEN		
	18. CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY						ONSET AND DEATH		
	(This does r	2 yrs.							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO								
	A	Unknown							
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  Glomerulonephritis, chronic								
ATI	UNDERLY								
FIC	(C)								
ERTIFICATION	OTHER SIG								
CEI	TRIBUTING TO THE DIS								
	19A, DATE OF	20, AUTOPSY?							
EDICAL									
Σ	IO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE								
	m.   WORK   AT WORK								
GB	deceased alive on July 7, 1951, and that death occurred at 7:304 m., from the causes and on the								
	23A. SIGNATURE 23B. ADDRESS 2								
		Duncan, Jr.		L. Juncamin	US Marine Hospit				
TIC	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) BULLING STREETERY OR CREMATORY 24D. LOCATION (City, town, or county) BULLING STREETERY OR CREMATORY 24D. LOCATION (City, town, or county) BULLING STREETERY OR CREMATORY 24D. LOCATION (City, town, or county) SALLING STREETERY OR CREMATORY 24D. LOCATION (City, town, or county)								
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SIGNATURE  25 FUNERAL DIRECTOR FUNERAL FUNE									
JUL 9-1951 January 1000 1681 Druid Hill are.									
	VS 150	GF.	C	193 8V			55E		

	enon191=	
	10\ D.1 0\	The state of the s
**************************************	tamil carult hu- 15000 1913	
	er lega of 3	
	ored merkerials, chroms	
	* - (6)	
fayally a en	e alla di Roccio anche alla La	

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

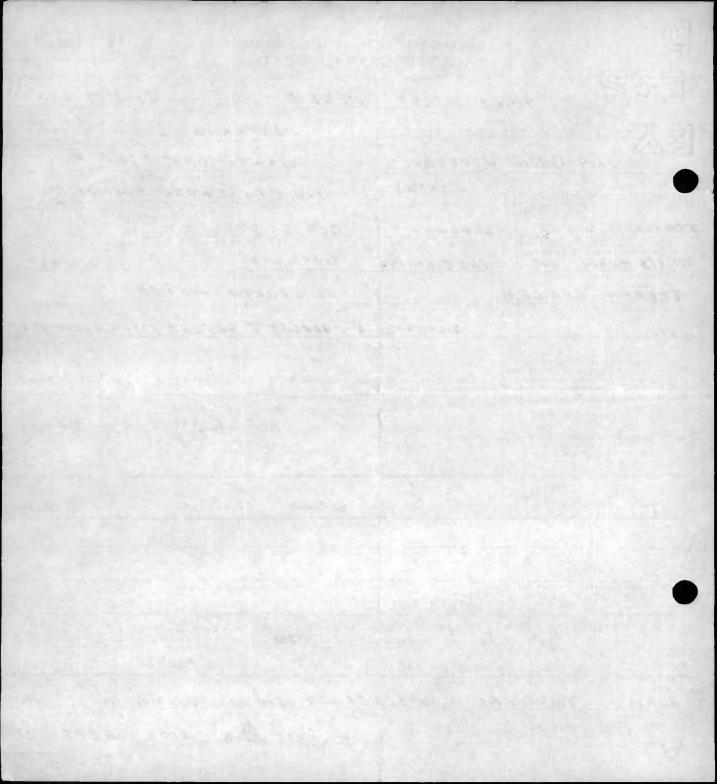
51 6018 Registered No.

CERTIFICATE OF DEATH

BI	RTH NO.									
	NAME OF D		NN A	SEEGER	и	VELSH		2. DATE OF DEATH TU	47 7	195 1
	PLACE OF E			SEP SEN			DENCE (W	here deceased lived. B. COUNTY	. If institution:	residence re admission
В.	B. FULL NAME OF (If not in hospital or institution, give street address or					MARYLAND.				1
	STITUTION				location)	township				
	0====	1119 BREN	17 WOO	DAUE			LTIN		0.41	
	Tables,			GSYRS	Yrs. Mos.			ural, give location)		
		stay in Baltimore			Days	1119 BRENTWOOD AUGNUE.				
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCE	D (Specify)	8. DATE OF BIRTH  9. AGE (In years   If Under   Yes:   If Under 24 Hours   last birthday   Months; Days   Hours   Min.				
-	EMALE	WHITE		OWED		OCT 6		77		
10 work	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINES	SS OR NDUSTRY	11. BIRTHPLACE	(State or for	reign country)	12. CITIZE	OUNTRY
-	-	ACHINE OFT		CLOTHI		C F A a a A a a l l a				A
	. FATHER'S					14. MOTHER'S N				
	TOSEP	H SEGGE	R.			ELIZAG	ETH	MEIER		
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL		17. INFORMANT		<u> </u>	ADDRESS	
(xe:	NO or unknown)	(If yes, give war or date		SECURI	TY NO.	CHARLES		ELER 171		row S
	18. /	1-11				OF DEATH	4.00.	2021 111	INTERV	AL BETWEEN
	4	63X I	DIRECTIV			OI DEATH		19 14 17	ONSET	AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								Marin F	
	(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,									
	injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES TO LOCAL O WILL 3 &								de	
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)			Control for A			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.										
Ö				(C)		***************************************		***************************************		
R	OTHER S	SIGNIFICANT COND	ITIONS CON	. 0		P. A	1		3	
G	TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING IT		٧3 •	wan	Jan	un		Ms.
	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS	OF OPER	ATION	1		20. A	UTOPSY?
CA									YES	NO
EDIC	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?									
S		(Month) (Day) (Year	) (Hour)	21E. INJURY	OCCUPE	ED 21F. HOW D	ID IN BIRV	OCCUR?		
	FINJURY	(month) (Day) (Lear			NOT WHILE	7	ID INDOKT	OCCONT		
	m. WHILE AT NOT WHILE AT WORK									
	22. I hereby certify that I attended the deceased from 1951, to 7 hereby, 1951, that I last saw th									
	deceased alive on 6 hely, 1917, and that death occurred at 8:304m., from the causes and on the date stated above									
	23A. SIGNA	TURE	Lile	entill	2	3B. ADDRESS	3. Pm	com 86	23c. DA	TE SIGNED
24	A. BURIAL.	CREMA- 248. DATE		24C. NAME OF	CEMETE	RY OR CREMATOR	24D. LC	CATION (City, to	wn, or county)	(State)
TIC	N, REMOVAL	Specify)	0 1951	No. V A	REDE	EMER CEN	4 1112	BELAIR	ROAD	MD
D	BURIA ATE RECEIVE				BAR	25. FUNERAL D	IRECTOR	BELATIK	ADDRESS	
LO	CAL REGIS		Lan MI	liams, Ho	25	A11.0	\$	10-0-		
	OF A	1 STORT SOUTH	A. d.		1	NYMBEL	1910.	1800 6	LOMBAI	RD ST.

Tr.

100B



12	-55	
51	6019	
100 1 100	T11 110	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

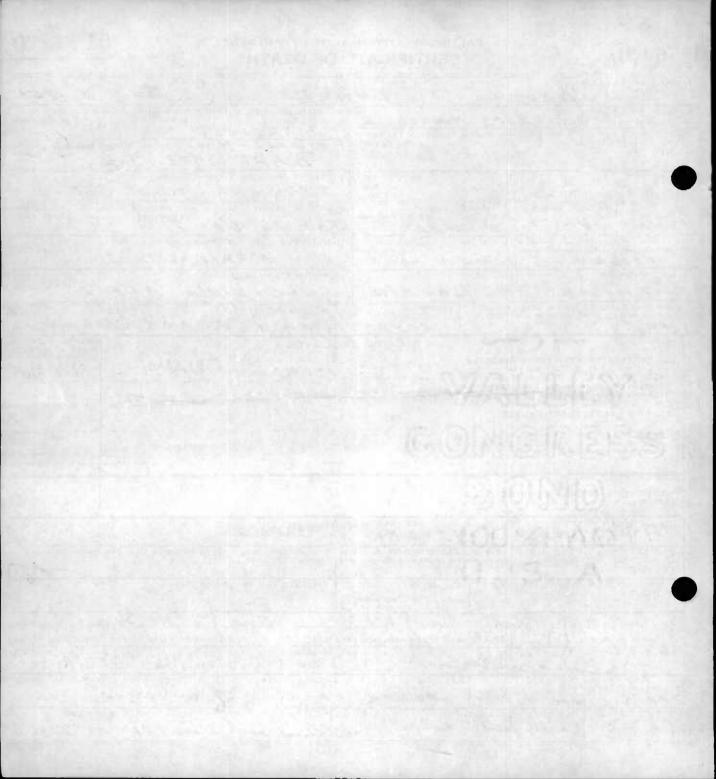
	51	6019
Registered	No	7, 17, 20, 1

B	RTH NO.			1	
	NAME OF DECEASED Party Spe or Print)	u kman	Si.	2. DATE OF DEATH	ly 7, 1951
	PLACE OF DEATH: Baltimore City, Maryland Saften	NILI	4. USUAL RESIDENCE (V		If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution,		Murikana	Dali	unive
	DISPITAL OR ISTITUTION	location)	C. CITY OR TOWN- (1)	outside corporate lin	nits, wat RERAL and give
11	5 Midimulyand	(111)	Detterner	10/	township)
7	O TO NORWOOD	/ Yrs.	o. STREET ADDRESS (If	rural, give location	
C.	Length of stay in Baltimore 5	3 yes. Mos. Days	- M. Y	wood	ave.
5.	SEX 6. COLOR OF RACE 7. SINGLE. N	MARRIED.	8. DATE OF BIRTH	9. AGE (In year)	if Under 1 Year   If Under 24 Hours
1	nale of hite, ma	rud (Specify)	Sept 7 1891	last birthday)	Months Days Hours Min.
10		F BUSINESS OR	11. BARTHPLACE (State or f	oreign country)	12. CITIZEN OF
WOL	done during mont of wonking life, even if retired)	INDUSTRY	10116	oreign country)	WHAT COUNTRY?
	Totice nor	u	10.0.0.		126. 1.W.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	John Francis		Clla Clo	ake	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL	17. INFORMANT		ADDRESS)
(10	s, no of unknown) If yes, give war or dates of service)	SECURITY NO.	Mrs. Seatrice &	ekman 5	N. Lenwood AS
	18. 19n V.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1.	0		SASET AND CEATH
	LEADING TO DEATH	4.00	with tib Mr.	JAAA BAALL	2 days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	(A)	on our		ω μ
	injury or complication which caused death.)	DUE TO			
		7	1. 4. 1.	0 .	
-	ANTECEDENT CAUSES	NU	Mortonius	. Lrom	
10	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************		
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
A	UNDERLYING CONDITION LAST.	10	0 - 1.		7 11-11
2		Me	lousue A	orcoma	_ 2 Mouths
1	II The state of th	(C)			
RT	OTHER SIGNIFICANT CONDITIONS CON-				
川	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
0		INDINGS OF OPER			20. AUTOPSY?
7	I SAI BATE OF CITED TO THE SAI				YES NO X
U	AL LOCUPENT CHICIPE	OF INITIDY ( 2	n or   21c. WHERE DID (	If in Poltimore Cita	give exact location)
EDI	21a. ACCIDENT, SUICIDE. 21a. PLACE about bome, farm	E OF INJURY (e. g., i. ,factory,street,office bldg.,e		II III Baltimore City	, give exact location)
Z	10. TIME (Month) (Day) (Year) (Hour)   21s	. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	F INJURY			. 0000	
		DRK NOT WHILE		0	
	22 7 2 1 125 22 2 2 2	ceased from	4 1- , 195, to	10	II, that I last saw the
	22. I hereby certify that attended the de				
	deceased alige on 195, and			he causes and on	the date stated above.
	23A. USNATURE	- 1 2	3B. ADDRESS V	1 AV	23c. DATE SIGNED
	Laveyon, morum	WELL AM. D.	2706 AM cu	ar.	1/9/3/
2	4A, BURIAL CREMA- 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY 240%	OCATION (City, tov	vn, or county) (State)
TI	ON, REMOVAL (Specify)	2 0 10 7	-1. 1 0 1/20	Ot. uni	Mid
1	surge July 10, 1731 01	lew ou	nearal Da	unrow,	INCIO.
	ATE RECEIVED BY REGISTRAR'S SKINATURE	1874 64	45. FUNERAL DIRECTOR		AGDRESS /
U	DCG-2895 PAR Tutte of The Milliam	in Made	16 I'm be ening h	29198	Dalting to DI N.
=		-/-	John NINTUNE	V NIII C	· fundament
	VS 150	772	93		53

a Cila Cheater got - insumery distributions mini · stewarte in Mules and horamon allente See Galler 1951 Made Cathedral Pallinan Mid MANNEY BUILT PONDY JULY MANNEY STATES 6020

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED			l a DATE	
(Type or Print) BERTHA	F. TH	ARLE	2. DATE OF DEATH	8, 1951
a. Baltimore City, Maryland 2803	MAISEL ST	4. USUAL RESIDENCE (W	B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	on, give street address or location)			02
INSTITUTION	rocation)	C. CITTOR TOWN	outside corporate limits,	township)
		BALTIN		, commany
	Yrs.	D. STREET ADDRESS (If r		
c. Length of stay in Baltimore	Mos. Days	2803 M	AISEL	ST
	MARRIED,	8. DATE OF BIRTH	9. AGE (In years If Und	er 1 Year - If Under 24 Hours
FEMALE WHITE WIT	ED, DIVORCED (Specify)	JAN. 26, 1880	71	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of lob. KIND work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12	. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE OW		MARY	LAND	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
THOMAS R. C	OLEIN	ALEXZIA	IIA FLO	YD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS 37
No	NONE	EDNA H. A	DAMS 28	OS MAISEL
18. /2/X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		DEATH A		ONSET AND DEATH
LEADING TO DEATH	lal	Firmana 24 (	eww-	4 years
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease		0	**************************************	
injury or complication which caused death.	DUE TO			U
ANTECEDENT CAUSES				
Z	(B)	880 8680 0 800 800 800 800 800 800 800 8	***************************************	***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	4		
	(0)		***************************************	***************************************
Ē II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FINDINGS OF OPER	ATION PLAMA		20. AUTOPSY?
O 314 ACCIDENT WAS INDEED 1 315 BLA	COMM	1 ( CC 3140 =		YES NO
ZIA. ACCIDENT WAS UNDER-	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or MIC. WHERE DID (II	in Baltimore City, give	e exact location)
1D. TIME (Month) (Day) (Year) (Hour)   2	1E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
F INJURY	HILE AT NOT WHILE		,	
	WORK AT WORK		1 ~	
22. I hereby certify that I attended the	deceased from	, 19.7, to	1921, 1	that I last saw the
deccased glive on 1951, a	and that death occur	red at m., from th	c causes and on the	date stated above.
23A. SIGNATURE O 0 0001	. 2	3B. ADDRESS	0//4	3C. DATE SIGNED
1 mesely	м. D.	mo I am	my un	1747
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	4c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)
BURIAL JULY 11, 1951	LOUDON	PARK B	ARTINGRE	= , Md.
DATE RECEIVED BY   REGISTRAR'S, SIGNATU		25 FUNERAL DIRECTOR	A	DDRESS
LOCAL REGISTRAR	COLLINS, MARY	will a col		ST. PAUL S
701 3-1221 1 3	2	rescues cos aje	. /2//	Trop a
VS 150	*			450
				To

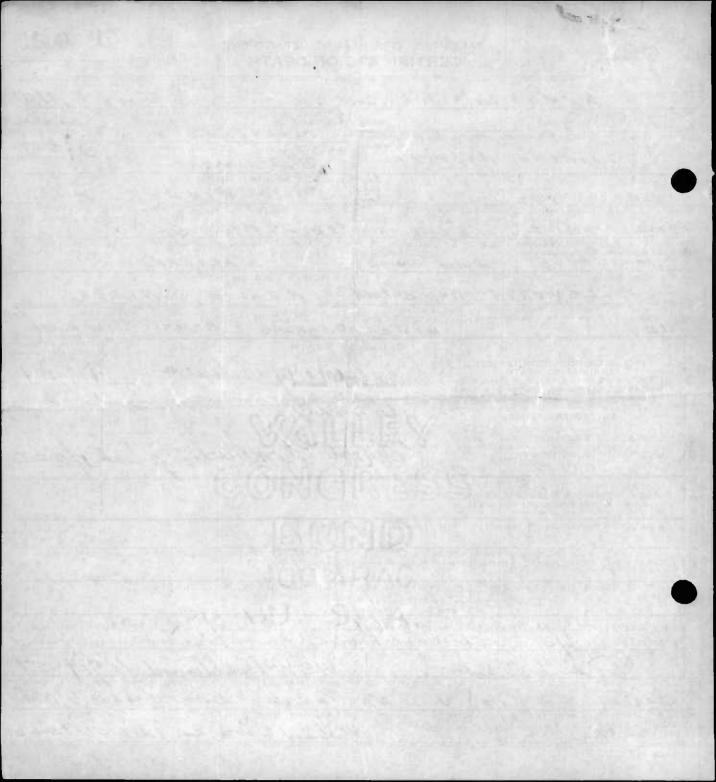


16	26
51	6021

## BALTIMORE CITY HEALTH DEPARTMENT

51 6021

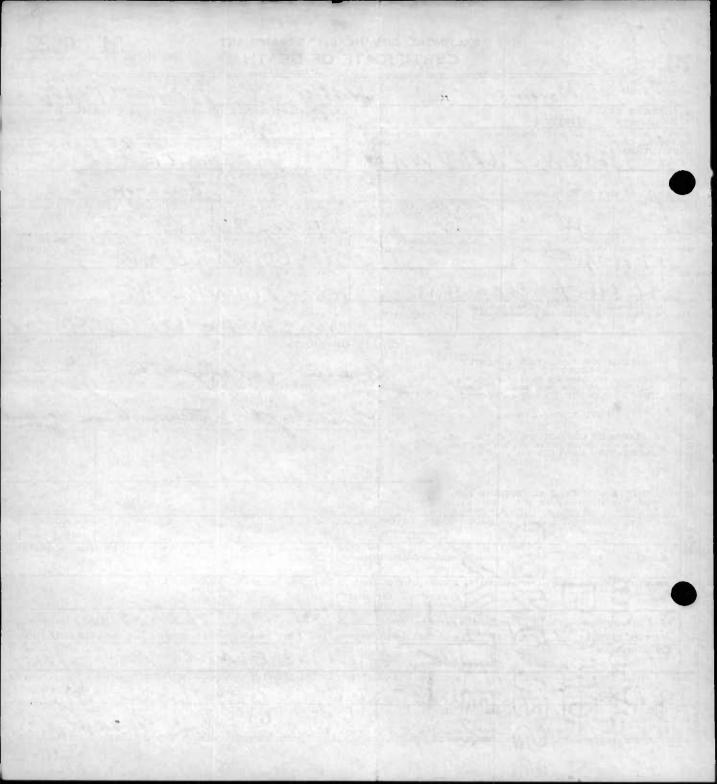
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNA DEATH JULY BRICKER 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) (If outside corporate limits, write RURA) and give C. CITY OR TOWN INSTITUTION HOSPITAL LUTHERN (ownship) BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore WINNER AVE. Days 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under I Year 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) FEM ALE WHITE FEB. 28,1896 MARRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE MARYLAND HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLEWORTH HUMBERSON SNYDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. F. BRICKER 5720 WINNER NO CHARLES NONE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET/AND DEATH mary Edema DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 6, 19 that I last saw the 195 and that death scurred at 3 m., from the causes and on the date stated above. deceased alive on 6/5-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or eventy) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY BALTIMORE U.S. NATIONAL BURIAL JULY 11,1951 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR



11346

### BALTIMORE CITY HEALTH DEPARTMENT

	BI	CERTIFICAT	E OF DEATH Registered No.	
	1.	NAME OF DECEASED	littler 2. DATE OF DEATH	18/51
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
	В. І	FULL NAME OF (If not in hospital or institution, give street address or		1
		SPITAL OR location	c. CITY OR TOWN (If outside corporate limit), w	vriv kult/L and give township)
, T		1608 N. BRIADWAY	D. STREET ADDRESS (if rural, give location)	
1.9	U	Yrs. Mos.	1608 N Brazdway	
3	-	Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years H Und	ler 1 Year   If Under 24 Hours
ry an	10	F WIDOWED, DIVORCED (Specify	OCT. 22, 1870 80	S Days Hours Min.
CIESTO		A. USUAL OCCUPATION (Give kind of dooe during most of working life, even if retired)  ATHOME		R. CITIZEN OF WHAT COUNTRY?
15	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dea		AUGUST BOEHM	ANNA KLEIN KECHT	
6		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
S S	(===	JEGOKHY NO.	ANNA CBOEHM 1608 BR.	PADWAY
ans		18. 450.0 , CAUSE	OF DEATH	INTERVAL BETWEEN
2 31		DISEASE OR CONDITION DIRECTLY	. , , , , , , , , , ,	2/-
12 2		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	renia + delightatia.	
OLE S		injury or complication which caused death.) DUE TO		
A 2		ANTECEDENT CAUSES	eneralised arterioachin	in several
s: pieas	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	7	
าสก	E	(C)		
nysic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	ار	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
ant.	CA		in or   21C. WHERE DID (If in Baltimore City, give	YES NO
unportant.	1EDIO	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.		exact location)
	2	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURS		
ally		m. WHILE AT NOT WHILE AT WORK AT WORK		
especially		22. I hereby certify that I attended the deceased from		that I last saw the
esp			erred at 12 Norm from the causes and on the	
23		De au huadai	238. ADDRESS E. North Ave	23c. DATE SIGNED
age	24	M. D. ]  A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)
	TIC	ON, REMOVAL (Specify)	N BALTIMORE	M.D
correct	D	ATE RECEIVED BY RESISTRAT'S SIGNATURE		DDRESS
00	LC	CCAL REGISTRAR Vallagion Williams, M. M.	blarence F. Hoffmann 16.39	BROADWAY
	7	VS 150	//	97



1	5	20
5	1	6023
	D. Den.	110

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registe

51 6023

0 1313

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered	1 NO
1. (T	NAME OF (		2-21			2. DATE	1 10/1
	PLACE OF D	HL.	DEKT	DONES	4. USUAL RESIDENCE (	DEATH CO	Ly 1, 1951
Α.	Baltimore	City, Maryland	OSL-		A. STATE	B. COUNTY	before admission)
HO	FULL NAME OSPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address or location)		f outside corverate lin	nite write RURAL and give
IN	ISTITUTION	TOTALS HOPE	IS TOSPE	WY.	BALTIMORE	Rus	m As Annual Las
7			11.0	Yrs.	D. STREET ADDRESS (1	rural, give location)	-//
		stay in Baltimore		Mos. Days	7615 SPRU		rorthshire
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.
10	A. USUAL O	CCUPATION (Give kied of	I 10B. KIND	CRIED OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
worl	done during most	tof working life, even if retired)	P	1 CINDUSTRY		a my.	WHAT COUNTRY?
13	FATHER'S	NAME	CAR	53 1 8000 MJ	14. MOTHER'S MAIDEN N	IAME	
-	7LBER	+ JONES		(rouges) My	ANNa KA	HLER	
15 (Ye	s, no or unknown	SED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Kospital	ADDRESS
	18. 5	9 x x .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DÎSEA	SE OR CONDITION		11.	remia.		A DEATH
	(This doe heart fail	es not mean the mode ourc, asthenia, etc. It mes	of dying, c. g	A standardardardardardardardardardardardardard	remia		6 months
	in invest or	a communication ambiah	2 1 12				
	injury or	complication which	caused death.	.) DUE TO			
-	mjury or	ANTECEDENT CAUS			air elemeralan	enhotis	3
NOI	DISEASE	ANTECEDENT CAUS	SES	(B) Chron	nic glomerulon	ephritis	3 years
ATION	DISEASE RISE TO	ANTECEDENT CAUS	SES	(B) CRYNY		ephotis	3 years
FICATION	DISEASE RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A)	SES	(B) Chron		ephotis	3 years
RTIFI	DISEASE RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON	(B) CRYON		ephotis	3 years
	DISEASE RISE TO UNDERL OTHER: TRIBUTIN TO THE I	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE N CAUSING IT	(B) CROY		ephotis	
CERTIFI	DISEASE RISE TO UNDERL OTHER: TRIBUTIN TO THE I	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE N CAUSING IT	(B) CROY		ephatis	20. AUTOPSY!
ERTIFI	DISEASE RISE TO UNDERL.  OTHER TRIBUTIN TO THE ITEM TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAST CONDITION CONDITION CONTRACT CONDITION CONTRACT CONDITION CONTRACT CON	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR	(B) CROY	RATION		20. AU10PSY
CAL CERTIFI	DISEASE RISE TO UNDERL  OTHER TRIBUTIN TO THE E 19A. DATE  21A. ACCEL LYING CAUSE OF	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAST CONDITION LAST CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING II 19B. MAJOR  21B. PLA about home, fi	(B) CROY	ration in or 21c, Where DID otc.) INJURY OCCUR?	(If in Baltimore City	20. AUTOPSYTY YES X NO
CAL CERTIFI	OTHER TRIBUTIN TO THE I	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAST CONDITION LAST CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE N CAUSING II 19B. MAJOR  21B. PLA about home, fi	(B) CROWN  GEODIE DUE TO  (C)	RATION  in or 21c. WHERE DID (obc.) INJURY OCCUR?  RED 21F. HOW DID INJUR	(If in Baltimore City	20. AUTOPSYTY YES X NO
CAL CERTIFI	OTHER TRIBUTIN TO THE IT 19A. DATE  21A. ACCII LYING CAUSE OF	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAST CONDITION LAST CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	ITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR  21B. PLA about home, for the causing it is a causing it is	(B) CROSS  GE DUE TO  (C)	RATION  in or 21c. WHERE DID (obc.) INJURY OCCUR?  RED 21F. HOW DID INJUR	(If in Baltimore City	20. AUTOPSYTY YES X NO
CAL CERTIFI	OTHER TRIBUTIN TO THE IT 19A. DATE  21A. ACCILLYING CAUSE OF ID. TIME FINJURY	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAND CONDITION LAND CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	ITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for tended the	FINDINGS OF OPER  CE OF INJURY (e.g., arm, factory, street, office bldg., arm, factory while at work deceased from and that death occu	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJUR  7-4-195, to rred at 45 pm., from	(If in Baltimore City  Y OCCUR?	20. AUTOPSY ( YES NO NO ( To give exact location)   7, give exact location)
CAL CERTIFI	OTHER TRIBUTIN TO THE IT 19A. DATE  21A. ACCII LYING CAUSE OF INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LAND CONDITION LAND CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	ITIONS CON NOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, for tended the	FINDINGS OF OPER  CE OF INJURY (e.g., arm, factory, street, office bldg., arm, factory while at work deceased from and that death occu	RATION  in or 21c, WHERE DID INJURY OCCUR?  RED 21f, HOW DID INJUR  7-4-195, to	(If in Baltimore City  Y OCCUR?	20. AUTOPSYTYES NO To give exact location)
MEDICAL CERTIFI	OTHER TRIBUTIN TO THE IT 19A. DATE  21A. ACCIDENT OF THE IT 19A. DATE  21A. TIME OF THE IT INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE ABOVE	ITIONS CON NOT RELATE CAUSING IT 198. MAJOR  218. PLA about home, for the causing it is a supplied in the causing it is a	(B) CROSSIE DUE TO (C) CONTROL OF OPER CE OF INJURY (e.g., arm, factory, street, office bldg.  21E. INJURY OCCURR WHILE AT WORK deceased from and that death occurrent and	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJUR  7-4-395, to rred at 45 pm., from 23B. ADDRESS	(If in Baltimore City  Y OCCUR?	20. AUTOPSYTY YES NO  yes No  That I last saw the the date stated above.  23c. DATE SIGNED YES, or county) (State)
MEDICAL CERTIFI	OTHER TRIBUTIN TO THE I 19A. DATE  21A. ACCII LYING CAUSE OF ID. TIME F INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LIVER CONDITION OF THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION (Month) (Day) (Year by certify that I at alive on CREMA-Specify)	ITIONS CON NOT RELATE CAUSING IT 198. MAJOR 218. PLA about home, for the causing it is the causing it is to be causing it is the causing it is to be causing it is to	FINDINGS OF OPER  CE OF INJURY (e.g., farm, factory, street, office bldg., while at work deceased from dand that death occurs and the control of the control o	RATION  in or 21c, WHERE DID  in or 1NJURY OCCUR?  21f. HOW DID INJUR  7-4-195, to  rred at 45 Pm., from  23B. ADDRESS  ERY OR CREMATORY 24D.	(If in Baltimore City  Y OCCUR?  7 - 7 - , 19  the causes and on	20. AUTOPSY? YES NO TO STATE STATE  The date stated above.  23C. DATE STATE  The date stated above.  (State)  The date stated above.  (State)
MEDICAL CERTIFI	OTHER TRIBUTIN TO THE IT 19A. DATE  21A. ACCII LYING CAUSE OF ID. TIME F INJURY  22. I here deceased of 23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A), YING CONDITION LIVER CONDITION LIVER CONTRIBUTION OF OPERATION CONTRIBUTING DEATH (Month) (Day) (Year Diversity that I at alive on CONTRIBUTION	ITIONS CON NOT RELATE CAUSING IT 198. MAJOR 218. PLA about home, for the causing it is the causing it is to be causing it is the causing it is to be causing it is to	FINDINGS OF OPER  CE OF INJURY (e.g., farm, factory, street, office bldg., while at work deceased from dand that death occurs and the control of the control o	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJUR  7-4-395, to rred at 45 pm., from 23B. ADDRESS	(If in Baltimore City  Y OCCUR?  7 - 7 - , 19  the causes and on	20. AUTOPSYTY YES NO  yes No  That I last saw the the date stated above.  23c. DATE SIGNED YES, or county) (State)

James which gire of warmers - some of 3 2 WALLET T Carry My James 

20	7-2			8	0004
5	6024	BALTIMORE CITY HE CERTIFICATE		51 Registered No	6024
BIF	RTH NO.		L OF DEATH	1008.000164 1102	
	NAME OF DECEASED (LIOT pe or Print)	Monsegue)		2. DATE OF DEATH	.51
	Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE		tution : residence before admission)
B. F		or institution, give street address or	ma.		
	STITUTION	io ation)	C. CITY OR TOWN (If	oveside corporate Umits, wr	e R ty AL and give township)
	11 Winnes	Huston	What my		,
	ength of stay in Baltimore	Yrs. Mos.	BAIU MARCHE MA	tan Mai (201)	
5.	SEX   6.COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (M) years If Under	1 Year   Il Under 24 Hours
1	nel 1	WIDOWED, DIVORCED (Specify)	1904	9. AGE (th years thunder last birthday) Months	Days Hours Min.
101	. USVAL OCCUPATION (Give kind of	108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF
WOLK	one during most of working life, even if retired)	Sch. Sin.	Trinidad.	Bokol 1	WHAT COUNTRY?
15.	FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN NA	ME	
(H)	Willip Monse	ane	alledandre	us Lorus	7
15. (Yes.	WAS DECEASED EVER IN U. S. ARMED no or unknown! (If you, give war or dates	PRCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS. A
` .	no.	070-01-19:40	C. H. Monseque.	-3210 auche	ntorollis
	18. 471.4	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DEAT		10/2/	1. 11	1. 1
	(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e.g., (A)	Ms. / Usales	utal	4 110
	injury or complication which ca	aused death.) DUE TO	1 1	1. /-	of
	ANTECEDENT CAUS	es /h	· Valal.	n. 19.	90
O	DISEASES OR CONDITIONS, IF	ANY, GIVING	your favored	TUS IJAG	
F	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS				
ERTIFICATI		(C)			. ***. < 4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
F	11				
	OTHER SIGNIFICANT CONDIT	NOT RELATED			
0	19A. DATE OF OPERATION	BB. MAJOR FINDINGS OF OPER			20. AUTOPSY?
AL					YES NO
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in ebout home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
Σ -	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	WHILE AT NOT WHILE			
	22 I hamahar santifar that I sta	m.   WORK L AT WORK L	-/ 10// /	-1 108/12	-4 7 7 - 4 47
	22. I hereby certify that I atte	19_1 and that death occur	-/ ,195/, to /	ne causes and on the de	at I last saw the
-	234 SICHALURE		3B. ADDRESS		DATE SIGNED
	Milele	Worlld M.D.	X61 14	alan 1	1-15-1
24. TIO	N. REMOVAL (Specify)	24C. NAME OF CEMETE	RYOR CREMATORY 24D. LC	OCATION (City, town, or co	ounty) (State)
	Direct July 10	1951 Sith	Cer	un / Ducen	12,
LO	TE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	y D ADI	DRESS
#	9-1951   with a	The I live and I have	Treph Lille	1206/11c	Cullots It
	VS 150	Fan a	18		000
		5 8 5 X	V		1009

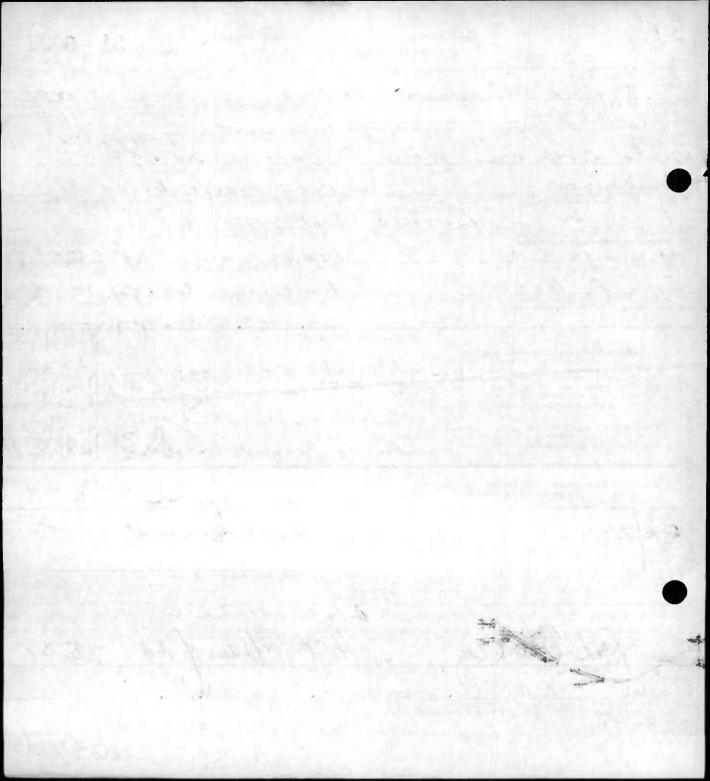
The continue of the second John Syc. Thomas of the Constitution of the al manghan Lotten 075-11-74 The second of the second

7	1 /	
2	1 6	2
-	CEL	55
	telle	-0

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6025

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Wilhelmind 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Regina 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MAYGLAND HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Harpital forthe Women D. STREET ADDRESS (If rural, give location) Mos 407 Poplar Grove ength of stay in Baltimore Davs 9. AGE (In years | 11 Under | Year | 11 Under 24 Hours | Months; Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) O. VOTCEO Sept. 6, 1883 67
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME House wite 13. FATHER'S NAME John Amelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. John J. Schelz - 614 Aldershot Rd 18 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH rancho preumanis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Attempted agoft of wound 7/ ы TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY 21A. ACCIDENT WAS UNDER-Carcinoma EDIC 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from 195/ to-Vala deceased aliveron, 71 10 1 and that death occurred at\_ from the causes and on the date stated above. 23A. SIGNATURE LATE SIGNED 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE 44C. NAME OF CEMETERY OF CREMATORY Loudon Park Cem. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25) FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 50 Balto M VS 150

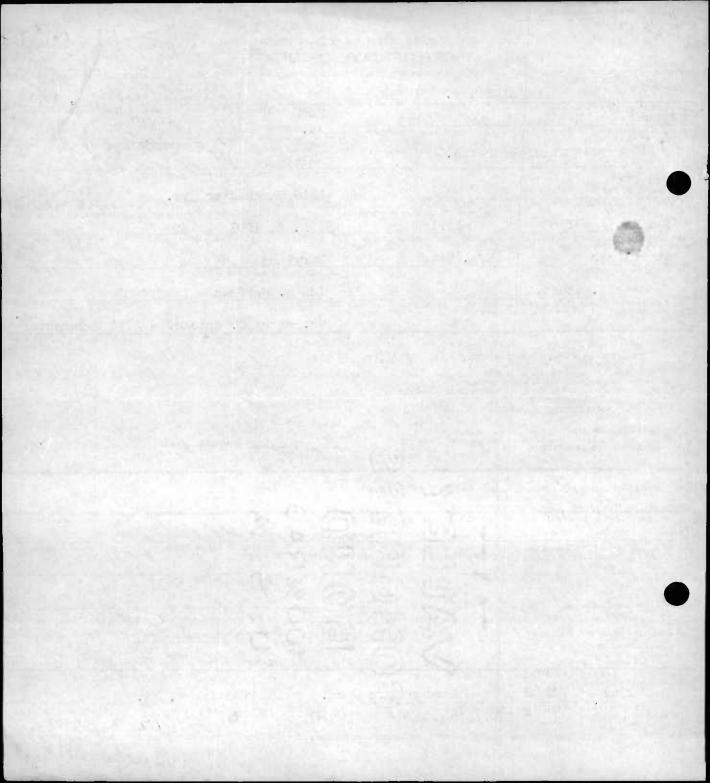


1	2	
11-1	1.6	
8 /	410000	
DUL.	5020	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

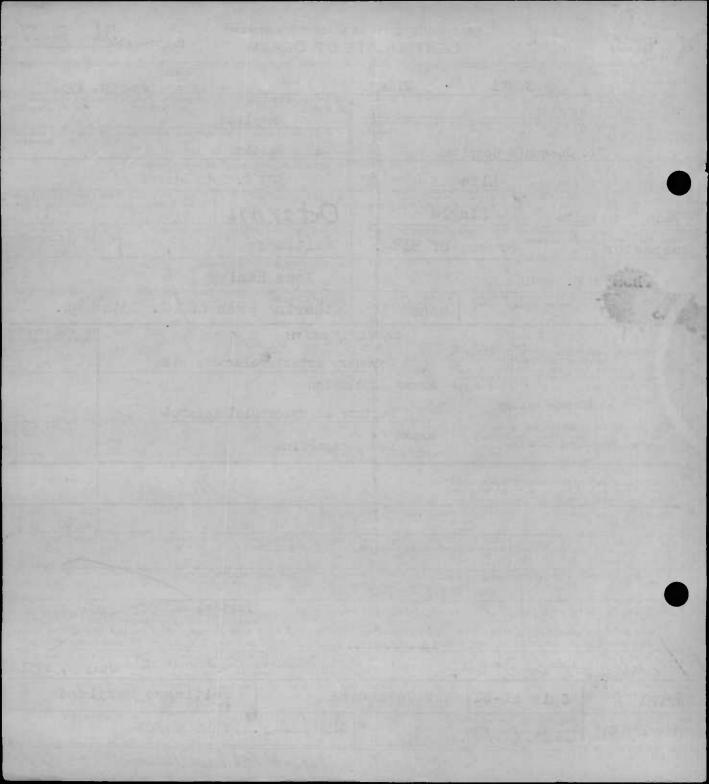
51 6026 Registered No.

B	RTH NO.							
	NAME OF Di 'ype or Print)		ESSIE M	A. SPIEKER			2. DATE OF DEATH	July 7, 1951
	Baltimore C	EATH: City, Maryland			A. STATE	NCE (Whe	ere deceased lived B. COUNTY	. If institution : residence before admission
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Md.			10
II.	OSPITAL OR	3718 Manches	ter Ave	location)	c. CITY OR TOWN	(If ou	itside eproprate 1	mits, write RI (tAL and give township
9					Baltimore		61	
	ength of st	tav in Baltimore		Yrs. Mos. Days	d. STREET ADDRES		ral, give location)	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED,	8. DATE OF BIRTH		AVO.	If Under   Year   If Under 24 Hours
-			WIDOW	ED, DIVORCED (Specify)			last birthday)	Months Days Hours Min.
-	female	white	me	rried	Sept. 3, 19	001	49	
1C	k done during mout	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	tate or fore	ign eountry)	12. CITIZEN OF
	hat trimn		Mfg.	Hote	Maryland			WHAT COUNTRY
_	FATHER'S N		101 P.		14. MOTHER'S MAIL	DENI NIAM	4F	
				Felt	14. MOTHER S MATE	DEN NAM	16	
		C. Stewart			Ida M. Hof	fman		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS A
(10	e, no or unknown)	(11 yes, give was or date	s of service)	SECURITY NO.	Mr. Harm	a gni	ioleon - 35	718 Manchester
-	18. / [				OF DEATH	C. Op.	revel - 0	INTERVAL BETWEEN
ERTIFICATION	heart failu injury or DISEASES RISE TO TI	LEADING TO DEAT not mean the mode or e, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which is one complication which is one complication to the complete complet	of dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (8)	Colo unt etus lans	Lest lo	e signi	nd June 199
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
_1		1 /	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
Y	yrus	ne 1949	Car	um rev	to sym			YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e			in Baltimore Cit	y, give exact location)
2	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY (	OCCUR?	
	FINJURY			WHILE AT NOT WHILE	- 05V-75			
			m.	WORK AT WORK		- A		
	22. I hereby	u certify.that.I att	ended the	deceased from	Marsh 1949	to Un	ly 2 19	of, that I last saw th
	deceased al	11 // ~						n the date stated above
	23A SIGNAT	the state of the s	-, -, -, -, -, -, -, -, -, -, -, -, -, -		38. ADDRESS	Jippe cie	Clarists with O	23c. DATE SIGNED
	Mi	1145	nin		4543 /	1 4e	211. N.	2/6/1-1
-	4A. BURIAL, C	REMA- 248. DATE		24C. NAME OF CEMETE	DY OF COPINATORY!	24-100	ATION (City to	7770
TI	on, REMOVAL (S Buris	pecify)		T		_	ATION (City, to	own, or dounty) (State)
D	ATE RECEIVE	D BY   REGISTRAR	SEIGNIATO		25 FUNERAL DIRE		auto, bid.	ADDRESS
L	CAL REGIST	359		liams, Mas 5	W. Y		louer	+ sus
	VS 150			1	N	7 1	0 -	ob mil
				100	1/5	.11	- 101	V/ 1 / / // .



- 1	500	BA			TH DEPARTMEN		, 51	6027	
) li	RTH NO.		CERTIFIC	CATE	OF DEATH	Registere	ed No		
	NAME OF DECEASED ype or Print)	JAMES	M. WYNI					1951	
	PLACE OF DEATH: Baltimore City, Marylan	d			USUAL RESIDENCE STATE	B. COUNTY		tion: residence before admission	n)
HC	FULL NAME OF (If not in DSPITAL OR STITUTION	hospital or institu			Marylar CITY OR TOWN	(If outside corporate)	imits write	e AURAL and give township	
4	St. Jose	ph's Hospi	ital	Yrs. D.	Baltimo	_	)		
	ngth of stay in Baltim	ore Life		Mos. Days		20th Street	,		
5.	Male White		E. MARRIED. WED. DIVORCED 1816		Oct 28 187	9. AGE (in year) last birthday) 74	Months I	Year H Under 24 Hours Days Hours Min	12
work	A. USUAL OCCUPATION (Giv. done during most of working life, even if nspector		of Blag		Baltimore	or foreign country)		ITIZEN OF WHAT COUNTRY	Υ:
13	Thomas F. W	ynn		14	Jane Han				
15 Ye	WAS DECEASED YER IN U.S., no or unknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY	No. Ka	therine Wy	nn 523 E. 2	oth	St.	
4	18. 4/20./		CA	USE OF	DEATH			NTERVAL BETWEE	
4	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A)  Coronary arteriosclerosis with								
ERTIFICATION	ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITI	ONS, IF ANY, GIVE	NG KXEKTOX	·····	of myocardia	l infarct			
ERTIFIC	OTHER SIGNIFICANT ( TRIBUTING TO THE DEATH TO THE DISEASE OR CON	, BUT NOT RELAT	EO						
U	19A. DATE OF OPERATION		FINDINGS OF	OPERATI	ON			20. AUTOPSY?	
EDICAL	21A. EXTERNAL CAUSE W UNDERLYING   OR CON UTING   CAUSE OF D	TRIB- about home	ACE OF INJURY farm, factory, street, of		21c. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ty, give ex	(act location)	
Σ	210. TIME (Month) (Day)	(Year) (Hour)		T WHILE	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that I took the evidence obtaine and death in my op	ed by said Aut	opsy, Inspectio	on or Inq	Autop uiry, find that said		niry the day		
	234. SIGNATURE	ours		M.D.	238. CHIEF MEDIC. ASSISTANT MEDIC MEDICAL INVESTIG	AL EXAMINER		TE SIGNED y 9, 1951	_
Bi	ta. BURIAL CREMA- ON REMOVAL (Specify)	y 11-51	New Cat		OR CREMATORY 24	Baltimare	Maryl	and (State)	}
D	ATE RECEIVED BY   DEGIS	TRAPIC CICNAT	UDE	1125	FILNERAL DIRECTO	DP	ADD	RESS	

Thinkington Williams, M. CHARLES F. EVANS & SUN
2/093 118 W Mut. Rayal ave 94a

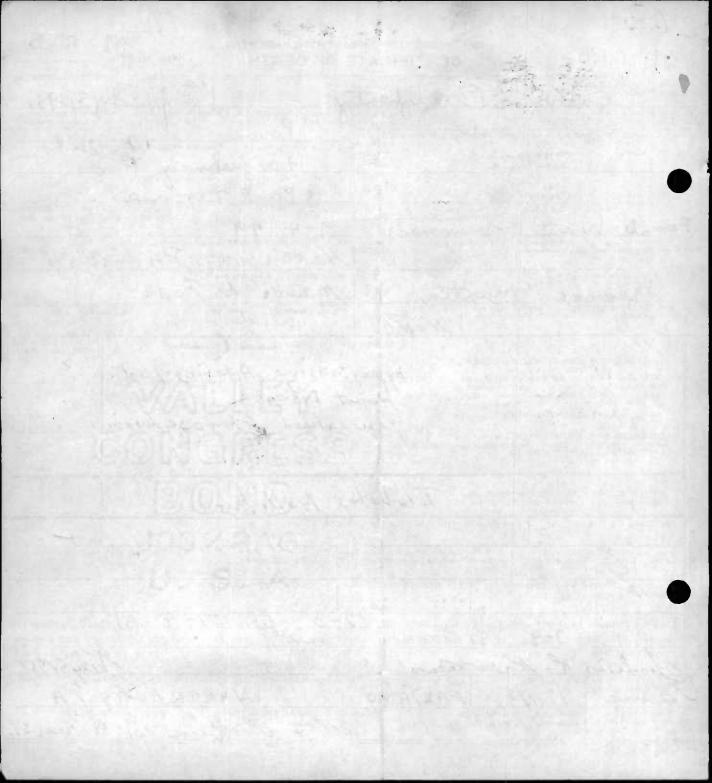


	1	2
2	6	-
-		

51 6028

## CERTIFICATE OF DEATH Registered No. 51 6028

1. NAME OF DECEASED (Type or Print) Catherine. D curchertw	2. DATE OF DEATH () WW 8, 1951
a. Baltimore City, Maryland C. STATE	AL RESIDENCE (Where deceased lived, If institution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	OR TOWN (If outside corporate limits, write RURAL and give township)
White to de sales	It amulumon
Mos.	ET ADDRESS (If rural, give feation)
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	OF BIRTH 9. AGE (In year:   Il Under I Yast   If Under 24 Hours   Min.   It Under 24 Hours   It Under 24 Hours   Min.   It Under 24 Hours   Min.   It Under 24 Hours   It Under 24 Hours   Min.   It Under 24 Hours   It Under 2
temple White mannier 9-	4-99 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	RRIS bung, 74 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	HER'S MAIDEN NAME
15. WAS DECEASED EVER ID U. S. ARMED FORCES? 16. SOCIAL 17. INFO	20da A. PEACE.
(Yes, ao or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
18. 4 20. 0 CAUSE OF DEA	TH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ive Arterioscherotic ?
ANTECEDENT CAUSES	130450
DISEASES OR CONDITIONS, IF ANY, GIVING	ind attrioschorosis
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
C)(c)	
OTHER SIGNIFICANT CONDITIONS CON.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	sollites
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY/
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	WHERE DID (If in Baltimore City, give exact location)
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1NJU CAUSE OF DEATH	20. AUTOPSY/
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJURY  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. INJURY	WHERE DID (If in Baltimore City, give exact location)
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  D. TIME (Month) (Day) (Year) (Hour)  D. TIME (Month) (Day) (Year) (Hour)  WHILE AT WORK  WHILE AT WORK  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  21B. PLACE OF INJURY (e.g., in or 21c.)  INJURY  WHILE AT WORK  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  21B. PLACE OF INJURY (e.g., in or 21c.)  INJURY  WHILE AT WORK  TO THE DISEASE OR CONDITION CAUSING IT.	WHERE DID (If in Baltimore City, give exact location)  RY OCCUR?
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 1NJURY  22. I hereby certify that I attended the deceased from 2	WHERE DID (If in Baltimore City, give exact location)  HOW DID INJURY OCCUR?  7-8, 1951, to 7-8, 1951, that I last saw the
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. 1  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 19, 1951, and that death occurred at 23B. ADDRI	WHERE DID (If in Baltimore City, give exact location) RY OCCUR?  HOW DID INJURY OCCUR?  1951, to 7 9, 1951, that I last saw the first from the causes and on the date stated above. ESS   270. DATE SIGNED
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJU  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJURY  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occurred at  23B. ADDR.  23B. ADDR.  23B. ADDR.  23B. ADDR.	WHERE DID RY OCCUR?  WHERE DID (If in Baltimore City, give exact location)  HOW DID INJURY OCCUR?  1951, to 7-8, 1951, that I last saw the first from the causes and on the date stated above.  ESS  20. AUTOPSYT YES NO N
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJURY  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 21F. INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from.  22A. AIGNATURE  23B. ADDRI 23A. AIGNATURE  23B. ADDRI 24C. NAME OF CEMETERY OR CRE	WHERE DID (If in Baltimore City, give exact location)  WHERE DID (If in Baltimore City, give exact location)  HOW DID INJURY OCCUR?  The property of the causes and on the date stated above.  ESS  EMATORY 24b. LOCATION (City, town, of counts)  (State)
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.)  D. TIME (Month) (Day) (Year) (Hour)  10	WHERE DID RY OCCUR?  WHERE DID (If in Baltimore City, give exact location)  HOW DID INJURY OCCUR?  1951, to 7-8, 1951, that I last saw the first from the causes and on the date stated above.  ESS  20. AUTOPSYT YES NO N
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJURY  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED 1NJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 9, 1951, and that death occurred at 23A. AIGNATURE 23B. ADDRI 23B. ADDRI 23B. ADDRI 23B. ADDRI 24C. NAME OF CEMETERY OR CRE 1NJURY  24C. NAME OF CEMETERY OR CRE	WHERE DID (If in Baltimore City, give exact location)  WHOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  195, to 7 - 8 , 1951, that I last saw the form, from the causes and on the date stated above.  ESS  EMATORY 240. LOCATION (City, town, of count) (State)  ARRISOUR 9 1 A



460 CERTIFICATE AMENDED 1-17-66 CERTIFICATE OF DEATH

51 6029

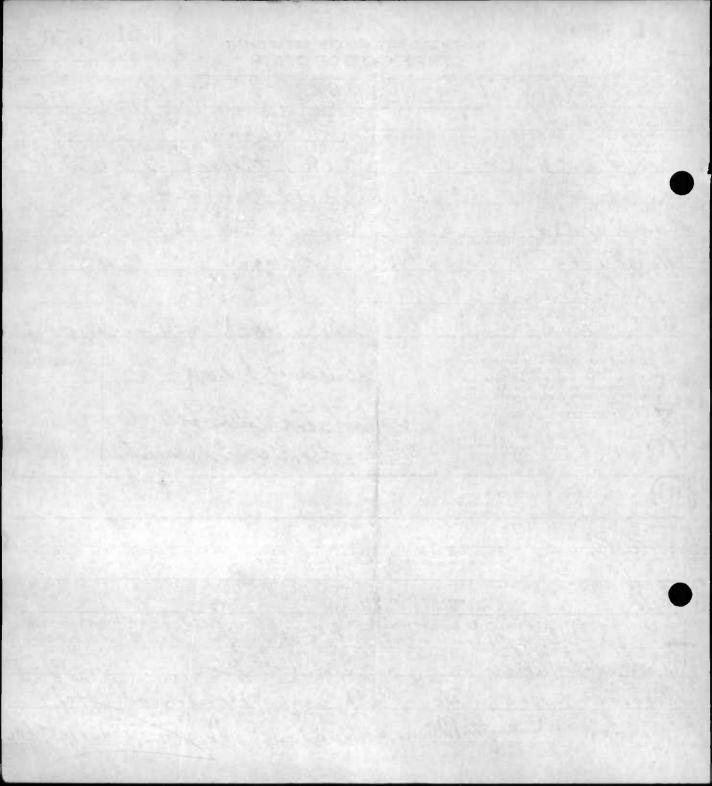
Registered No.\_\_

_							
	NAME OF D	Uries Ti	lman T	aylor		2. DATE OF DEATH Jul	y 9, 1951
A.		City, Maryland			A. STATE	CE (Where deceased lived, 1 B. COUNTY	f institution: residence before admission
B. H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	W	121
11	OSPITAL OR STITUTION 20	E. Church	111 5+	,	C. CITY OR TOWN	(If outside corporate lilai	ts, Write RUICAL and give township
-	20	B. Ollar Cli	TIT DE		Baltimore		
		4 D. 1/1		Yrs. Mos.		(If rural, give location)	
-	SEX	tay in Baltimore	7 SINCLE	Days	207 E. Ch	9. AGE (In years	If Under 1 Year   If Under 24 Hours
Male White Divorced Mappier					Dec. 25, 1	1864 86 Mast birthday)	ff Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
(	yster S	Shucker	Oyste	r House	Maryland		U.S.A.
13	B. FATHER'S N				14. MOTHER'S MAIDE		
	Solomor	Taylor			Mary	?	
15 (Ye	NO NO DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 184-12-3030	17. INFORMANT Frank M. 1	M	hurchill St.
	18. 24 0	2 4			OF DEATH		IINTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	11	J. DEATH	P 0. 11	ONSET AND DEATH
		not mean the mode of	TH	Hrrs	extense of	www - Ke	won loves.
	lleart failu	re, asthenia, etc. It mea complication which c	ns the disease	e. \/ ()()			
				) DOE TO DISC	P. X		
-		ANTECEDENT CAUS	ES	Carol	- A any	han 12/11	13 Inc
Ó	DISEASES	OR CONDITIONS, I	ANY, GIVIN	G (B)	0- 1		
F	UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	E DUE TO	hoden		
<u>U</u>				(C)			
1		11					
K	OTHER S	IGNIFICANT CONDI	TIONS CON	l- D			
Ü	TO THE OI	SEASE OR CONDITION					
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	24: 166:15						YES NO
MEDI		ENT WAS UNDER. CONTRIBUTING DEATH	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	te.) 21c. WHERE DID	(If in Baltimore City,	give exact location)
	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID IN	JURY OCCUR?	
	INSURI		m.	WHILE AT NOT WHILE			1
	22. I horoh	u contifu that A att		deceased from m	n 1951d	0 0 1 9 19	12
	deceased al	, , , , ,	1 /	and that death occur	madat 2 (372) m for		1, that I last saw the
	23A. SIGNAT		, -/-		3B. ADDRESS	om the causes and on t	23c. DATE SIGNED
	/	1 Dul	200	M. D.	- 167 &	· MM M.	7/9/5/
710	4A. BURIAL, CON, REMOVAL (S	REMA: 24B. DATE pecify)	2	24c. NAME OF CEMETER	RY OR CREMATORY 24	4D. LOCATION (City, town	or county) (State)
	Burial	7/12/	51	Oddfellows	Cemetery	Seaford Del	aware
DI	ATE RECEIVED		SIGNATA		25 FUNERAL DIRECT		ADDRESS
Bas (	CAL REGIST	195) Limite	MATTE	Milante, Mills	John F. Dar	ny, Inc. 715	Light St.
	VS 150		0	S. S. S. S.	2 . DOI		DIELE DOS

1881 . B + Culton · TO A CENTRAL STATE HI SIBOLO HE LOCK and a long to the wind of the angle of the second of the s Addition to make the Committee of the Co de discrete and a comment of the state

## BALTIMORE CITY HEALTH DEPARTMENT

-	RTH NO.			CERTIFICATI	E OF DEATH	Registered r	V
1.	NAME OF D	ECEASED ARV	M	Schlat	fen	2. DATE OF	. 7 10-1
	PLACE OF D	EATH:	//.	OENLHI	4. USUAL RESIDENCE		
₽.	FULL NAME	City, Maryland OF (If not in hospital	al or instituti	on, give street address or	1. STATE MARYLAN	B. COUNTY	before admission)
	STITUTION	1 WilhE	1	. C + location)	C. CITY OR YOWN	(If outside corporate limit	s, write RURAL and give township
	9//	YWILHE	LM	Yrs.	D. STREET ADDRESS (	If rurai, give location)	-0-3
		tay in Baltimore	6	9 y RS. Days	2114 WI		7.
٥,	SEX	6. COLOR DR RACE	WIDOW	E. MARRIED. ED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	t Under 24 Hours on the Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. SIRTHPLACE (State of	foreign country	12. CITIZEN OF
	HOUSE	WIFE	Von	restic	GERMANI	/	U.S. A.
13	FATHER'S	111	)		14. MOTHER'S MAIDEN	NAME	•
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	own	DDRESS
(Ye	No or unknown)	(If yes, give war or dates	of mervice)	SECURITY NO.	John Hack	K 2114Wi	. 1 . ~ 1
	18. 44	3 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	ГН	(P.	lucas B	lund	
	heart failu	not mean the mode o	ns the diseas	e,	July 12		
	injury or	complication which c		.) DUE TO	-1-1 m	-1.0	
z		ANTECEDENT CAUS		(B) chile	Murin UM	rio Delevou	9
TION	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH	E DUE TO	Siallago.	1-1 Den. 1.t.	
ICA			31.	(с)	Tous vous	M Manage	
TIF	OTHER S	II IGNIFICANT CONDI	TIONS CON			V	
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D		<b>V</b>	
_	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	YES NO Sive exact location)
MED		R CONTRIBUTING [		arm, factory, street, office bldg.,			
7	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
			m.	WORK NOT WHILE		0.0	
				deceased from			that I last saw the
	23A SIGNAT		131		3B. ADDRESS	the causes and on the	ABC. DATE SIGNED
	1/11/	are luke	ele	м. р.	2151-Wellus	al	My 9/51
TIC	4A. BURIAL, ON BRMOVAL (S	CREMA- 24B. DATE		AL- I PAT	RY DR CREMATORY 24D	14.	(State)
	ATE RECEIVE	D BY   REGISTRAR'	SSIGNATE	El al	LE JRAL DIRECTOR	ALIHORE	ADDRESS
	DCAL REGIST	951	theter	Milliams, Mil	GEO. L. Schw	AL 2101 PR	EdERICK AUG
	VS 150	1 300	***	na Mada Pangapasa			925



VS 150

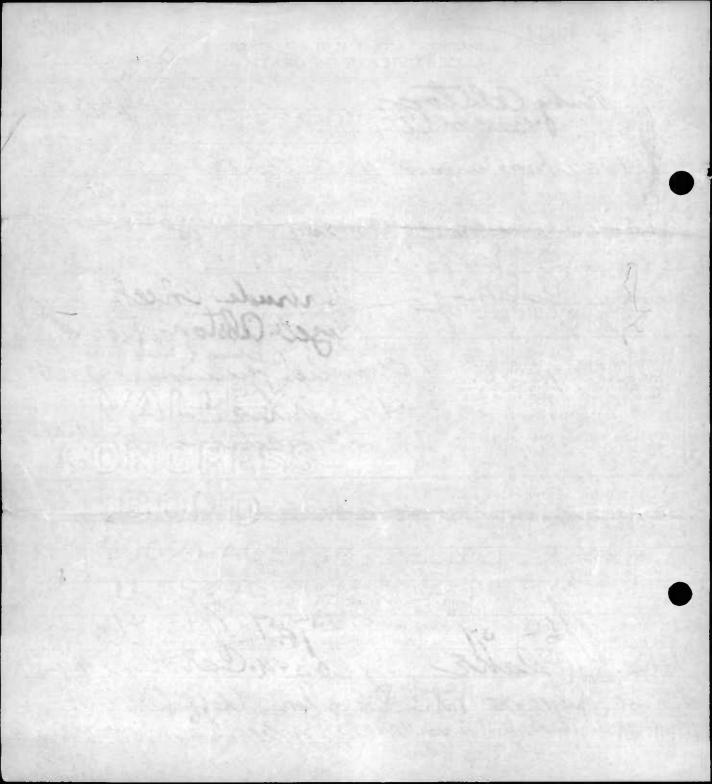
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Frank Robert Meyer DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland REPUNTY before admission) ^ Malvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN U.S. Marine Hospital township) Baltimore p. STREET ADDRESS (If rural, give location) Life Mos. 501 Mt. Holly St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED AGE (In years last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours Min. 8/19/96 M 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Electrician INDUSTRY AWHAT COUNTRY Hospital Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman Meyer Anna Neuenhahn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS World War I (Yes, no or unknown) SEGURITY NO. Hospital Chart yes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Oligodendroglioma, brain, left frontal unknown (This does not mean the mode of dying, e.g., in relapse heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... \$..... FA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 198 MAJOR FINDINGS OF OPERATION diagnosis proven CAI 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from. , 19\_, to 7/8/51 \_, 19\_\_\_, that I last saw the 3/28/51 and that death occurred at 11:20m., from the causes and on the date stated above. 23A. SIGNATURE 7/8/51 SIGNED U.S. MAT E. DuBose DenttJr. MArine Hospital, Balto. 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY State TION, REMOVAL (Specify) DATE RECEIVED BY FUNERAL ADDRESS LOCAL REGISTRAR

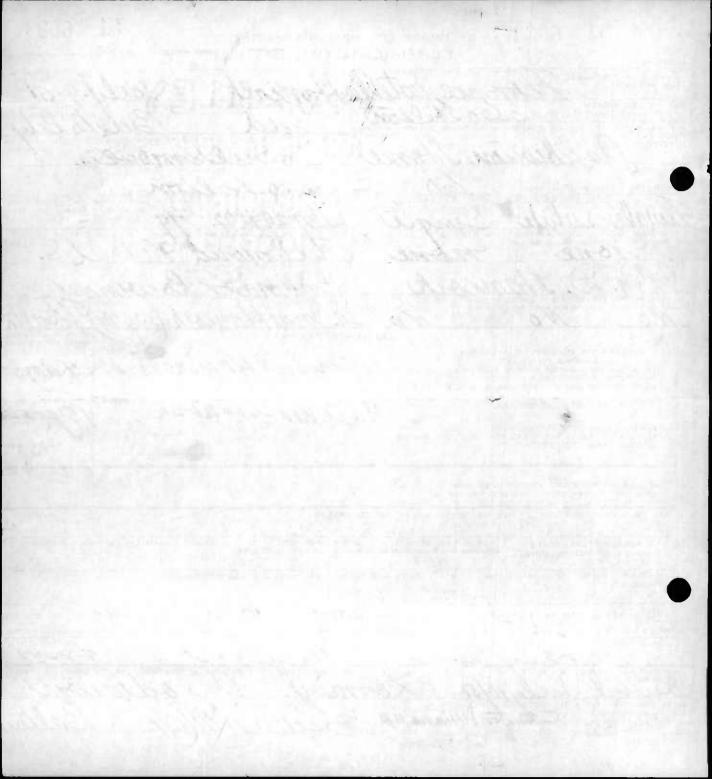
- A44			America Commercial Com
, 42f. e			
	emonities		Jungwill investif 100
	en enton . Hone ne	111	
		afiail	
	ine freedy	radig of	min to the
	mierinarait anno		demonstration
	dendi faligend		T may be from I may
		error thought	
	Abr 1 1/5		
			Printend another.
Sales, seins	vertical variable		

Pagistared Ma

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Ruby alston	2. DATE OF DEATH Sully 6-19.1-1
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived Trinstitution: residence A. STATE B. COUNT before admission)
HOSPITAL OR INSTITUTION (If not all nospital or institution, give street address or institution give street address or institut	C. CITY OR TOWN (If outside Prorate limits, write RURAL and give township)
1920 CMenument Al Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days  5. SEX 6. COLOR DR RACE 7. SINGLE MARRIED	1420 Z. monument 50
Finale Calored WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
MOA. USUAL OCCUPATION (Givekind of work done during those of working life, even if retired)	11. BIRT PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME DO C
15. WAS DECEASED EVER IN 0 5. ARMED FORCES? 16 SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO	WINFORMANT ADDRESS ADDRESS
J J J J J J J J J J J J J J J J J J J	anela Cession 1420 E mar P
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dving e.g.	ello remonde 2 whs
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	
ANTECEDENT CAUSES	ewith the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	musitis - ~
C)(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TD THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	12:5 0 7/1-81
22. I hereby certify heft I attended the deceased from decased alive on 19 and that death occur	red at
	SB/ADDRESS 23C, DATE SIGNED
244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S BIGNATURE	A FUNERAL DIRECTOR ADDRESS
100 10 195 PAR Thutte for Miliams, May 10	Williams 15 15 Me Wedery V
VS 150	1.0





# 520 51 6034

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

· ·	-dh-	4.8.	, ,
Registered	No-		

ВІ	RTH NO.			OLIVIII 10/4	IL OI DEAI				
	1. NAME OF DECEASED (Type or Print) George Darlington Thomas 2. DATE OF DEATH July 9, 1951								
Α.		City, Maryland			A. STATE	ENCE (Where dece		institution:	
H	FULL NAME OSPITAL OR STITUTION			ion, give street address locati	Maryla c. CITY OR TOWN Baltim	N (If outside	rporate limits	, write RU	RAL and give township)
	OIZ	E. Clement	St.	Yr		ESS (If rural, give	-	of the same	
- Control		tay in Baltimore	Lif		s. 512 E.	Clement	St.		
1	Male	White	Wido	E, MARRIED. /ED, DIVORCED (Spec WOO	Feb. 7,	last l	birthday) Mor	Under I Year oths Days	If Under 24 Hours Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign cou	ntry)	12. CITIZ	EN OF
	Machini	ST	Mach	ine Shop	Marylan	d		U.S.	A.
13	. FATHER'S	NAME	- 11	X- Repair	14. MOTHER'S MA	AIDEN NAME			
		rge Thomas			Unknown				
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		AE	DRESS	
	No			SECORITI NO	George H.	Thomas 4	008 4	th St	. (25)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart finilure, asthenia, etc. It means the disease, injury or complication which eaused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg, etc.)					ERATION  R., in or 21c, WHERE INJURY OCCU	DID (If in Balt JR?	imore City, g	20. A	AUTOPSY?
	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCU	ACCUMANTAL STATES	NOOCUR	?		
	m.   work   AT WORK								
		y certify that I att							ast saw the
	deceased al		., 193,	and that death oc	23B. ADDRESS	., from the eause	s and on th		ated above.
		191 Sal	low	M D	707 7	my tome		7-9	7-51
2.4 TIC	Burial S	REMA- pecify) 248, DATE 7/12/5		Cedar H	TERY OR CREMATORY	Baltimo			(Sinte)
DA	TE RECEIVE	D BY   REGISTRAR'			25. FUNERAL DIE	The state of the s	ind .	ADDRESS	S
LC	CAL REGIST	951 tauti	stor /	Miane M.	_ 3	enny Inc.	715 Li		St.
	VS 150		4	or will reference (1	1/31		estable.	a.	1.0

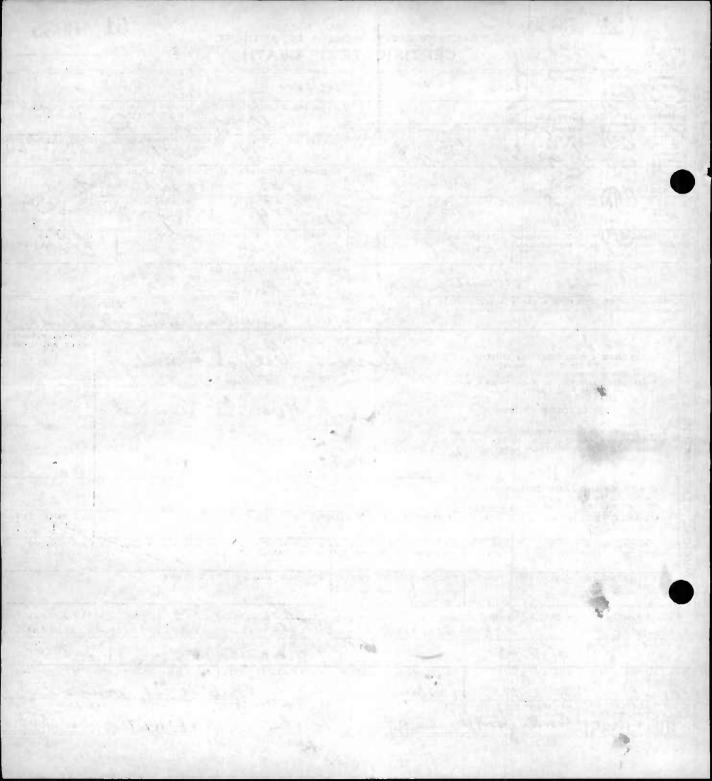
THE RESERVE TO SERVE e at the production of the second 1448 WW 119 11 11 . The second second and a second first of the factories THE MENT OF THE PARTY OF THE PARTY OF THE included the said thinks in the

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) LUICE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) and B. FULL NAME OF (If pot in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN. (If outside corporate limits, write URAL and give INSTITUTION Vrs. D. STREET ADDRESS (If rural, give location) Mos. Ox tord eur Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) last birthday) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 108 BIND OF BUSINESS OR 12. CUTIZEN Ø INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marles 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no nr nokoowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 331X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Σ 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT WORK , 19\_\_, that I last saw the 22. I hereby certify that I attended the deceased from , 19\_\_\_\_, and that death occurred at 7:35 Pm., from the causes and on the date stated above. deceased alive on\_\_\_ 23c. DATE SIGNED 23A, SIGNATURE 238. ADDRESS 24A. BURIAL, CRENA-24B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify, Bural Couly maryland DATE RECEIVED BY 25 FUNERAL DIRECTOR ADORESS

VS 150

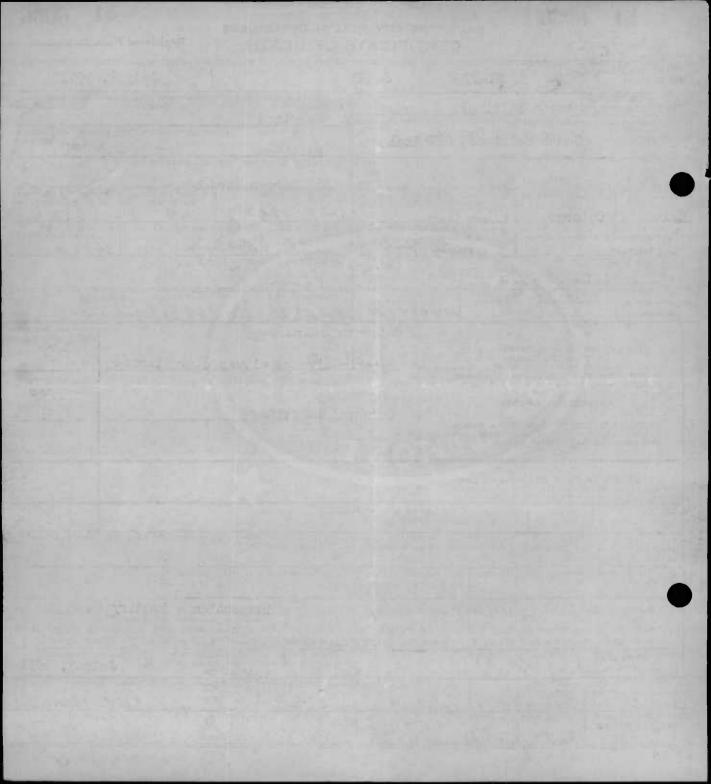
LOCAL REGISTRAR



5	1	6036

BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE SAM July 6, 1951 (Type or Print) STATTON JONES OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR South Baltimore Hospital Iocation) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2-02 Baltimore D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore Days 817 Warner Street 9. AGE (in years If Under I Year I Under 24 Hours I Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8-20-1901 Male Colored 10A. USUAL OCCUPATION (Give kind of UB, KIND OF BUSINESS OR Work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 965, Paper Soux 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ones for 15. WAS DECEASED EVER IN U. S. CRMED FORCES? 16. SOCIAL , ADDRESS 217-03-0 //4 (Yes, no or unknown) (If yes, give war or dates of service) White 1613 Faith Lane mone INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Cerebral hemorrhage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, streat, office bldg., etc.) UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED July MEDICAL INVESTIGATOR M.D. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B/DATE TION, REMOVAL (Specify) Bural DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR APDRESS LOCAL REGISTRAR Cively 6619

V S 151



# BALTIMORE CITY HEALTH DEPARTMENT

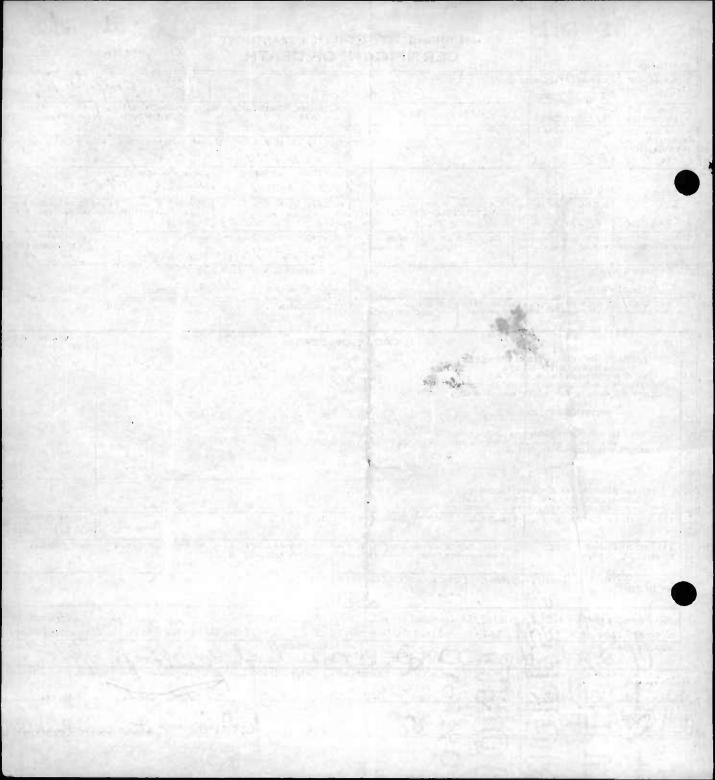
.51	6037
. 7 . 4	231.029

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF HENRIETTA WYEH July 9. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: (before admission) B. COUNTY A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore 300 W o. STREET ADDRESS (If rural, give location) Yrs. 300 N. Carbon Avenue ength of stay in Baltimore Davs 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) august 29.1884 Female Colored Wedwed 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Washington D. C. US.A. 13. FATHER'S NAME George Butler genrenner WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Cabon 300gr NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Luetic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquirythereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \) undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... July 9 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial son Cencles 25. FUNERAL DIRECTOR LOCAL REGISTRAR DATE RECEIVED BY ADDRESS VS 151

P1-7920

# CERTIFICATE OF DEATH

BI	RTH NO.	CERTIFICATE	E OF DEATH Registered No.	
1.	NAME OF DECEASED Mamus	es 7:06/2	2. DATE 7/9	7/51
A.	PLACE OF DEATH: Baltimore City, Maryland	Baltimore	4. USUAL RESIDENCE (Where deceased lived) If ins	titution: residence before admission)
H	FULL NAME OF (If not in hospite openital or openital o	en eval Worth	C. CITY OR TOWN, (If outside corporate that is, v	vrite RURAL and give township)
1	Length of stay in Baltimore	Yrs. Mos. Days	1922 Per Mican	ace #13
Fluate white Married (Specify)			8. DATE OF BIRTH  July 24, 1892  9. AGE (In years) It lind Month	les 1 Year Hunder 24 Hours as Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
AUGUST TURNER			14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED	D FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS
(Ye	(If yes, give war or dates	se of service) SECURITY NO.	ASS	1123
FICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication complication with the complex compl	TH (A) CALL AND CALL	ebral Hemorrhage. ertensire Cardioras. cular distase	30 hous
CERTI	OTHER SIGNIFICANT CONDITIONS TO THE DESCRIPTION TO THE DEATH, BUT TO THE DISEASE OR CONDITION	ITIONS CON-		
1		198, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
IEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		e exact location)
No.	21p. TIME (Month) (Day) (Year) OF INJURY	) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I att	tended the deceased from	1 1 1	that I last saw the
	23A. SIGNATURE C. V	eune ms. 12	maryland ale Hospo	23c. PATE SIGNED
d	BURML, CREMA P48. DATE ON, REMOVAD (Specify)	#1951 Balto Pat	ional Gredrick	Road (State)
U	ATE RECEIVED BY REGISTAR	Sustature 5	25. FUNERAL DIRECTOR Leodilook 1201-03 h.P. otters	en Park Ave



å	B-150051	51 60	20 RA	LTIMORE CITY H	FALTH DEDART	MENIT	5	1 0	5039
	600	O.L. (36)	OU DA	CERTIFICAT	E OF DEATH	MENI	Registered		NUGG
В	IRTH NO.			CLICITICAT	E OI DEATI				
	NAME OF D	ECEASED	Willia	m Jory		2	DATE OF DEATH	7-8-	-1951
	Baltimore	EATH: City, Maryland	neg X		4. USUAL RESIDE	ENCE (Where		. If institu	ition : residence before admission
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or					
	STITUTION	Baltimore Ci		pitals location)	C, CITY OR TOWN		ide corporate li	mits, write	e RURAL and give township
		4/40 -230011		Yrs.	Balti		l give location	1	
	enoth of s	tay in Baltimore	Life	Mos.			d St. zor		
_	. SEX	6. COLOR OR RACE		Days E, MARRIED,	8. DATE OF BIRTH		AGE (In years)		Year   II Under 24 Hours
	М	W	WIDOV	VED, DIVORCED (Specify)			76	Months I	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (S	state or foreig	n country)		ITIZEN OF
	Machinis		Maint	ence	Maryland			W	VHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME			- 2
	Willia	m M. Jory			Mary Holts	zer			
(Y	MAS DECEASI m, no or unknown)	ED EVER IN U, S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B	altimor	e City Ho	SPPTE	a la company de
-		24.0	7 - 7 7	CAUGE		940 Las	tern Ave.		TERVAL BETWEEN
	from to	00.0		CAUSE	OF DEATH		•		NSET AND DEATH
		E OR CONDITION	TH	Palm	onary Edema				3 3000
	heart failu	not mean the mode ore, asthonia, etc. It mea	ns the discar	Re.			***************************************		3 days
	injury or	complication which c	aused deat	a.) DUE TO HYPOS	static Pneumo	nia		a confidence	3 days
7		ANTECEDENT CAUS	ES	4 / L	CERTIF	FICATION A	APPROVED B	34	
FICATION	DISEASES	OR CONDITIONS, IF	ANY, GIVE	(B) NG HE DUE TO	114.	1. ~	,5×1		
AT	UNDERLY	ING CONDITION LA	ST.	(C)	11/11	leaux 1	DOUBLE	NO.	
5				(0)	-eHIEF	OR ASST. MED	ICAL EXAMINER		
	OTHER S	IGNIFICANT CONDI	TIONS OF			4		/	
ERT	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ed ompression	Fracture of	6th.Do	rsal Vert	tebra	3 days
U		F OPERATION   1		FINDINGS OF OPER	RATION			1.5	20. AUTOPSY?
DICAL		1							YES NO
S		ENT WAS UNDER-	218. PL	ACE OF INJURY (e.g.,	n or 21c. WHERE D	ID (If in	Baltimore City	y, give ex	(act location)
ш	CAUSE OF	R CONTRIBUTING		farm, factory, street, office bldg.,	etc.) INJURY OCCUI		ngwood St	treet	zone 29
Σ		(Month) (Day) (Year)		21E. INJURY OCCURR					
	FINJURY	July 5-1951	m.	WHILE AT NOT WHILE AT WORK	Fell	down s	tairs		
	22. I hereb	u certify that I att	ended the	deceased from 7-	. 1951	to 7-8-	. 19	51 tha	t I last saw th
	deceased al			and that death occur					
	23A. SIGNA	-		2	3B. ADDRESS			23c	DATE SIGNED
		N.S. C	20	Ter M.D.	4940 Eastern	Ave.,Ba	ltimore,	Ma. 7-	-9-1951
TI	4A. BURIAL, (S ON, REMOVAL (S DUTIAL	Pecify) 248. DATE 7/11/5]		24c. NAME OF CEMETE Meadowridge I			TION (City, too		ryland
_ D	ATE RECEIVE				25. FUNERAL DIRI			ADDI	BECC
	OCAL REGIST		m Mu	anus, M.D	Mm. Cook	Die 6	Minst.	Paul	Street
	VS 150	TO BE	PPROVE	D BY EDICAL E	CAMINER				101
	N-	805.0		n eemin rolling 10				/	186a
	- 1								

Manager of the state of the sta

1:55 HOTEL 2"

to be a second of the second

TOTAL afficient of the left

A DECEMBER OF STREET

A CAMPAN LONG TO SEE THE SECOND SECON

All the state of the state of

The Proof of the Party of the State of the S

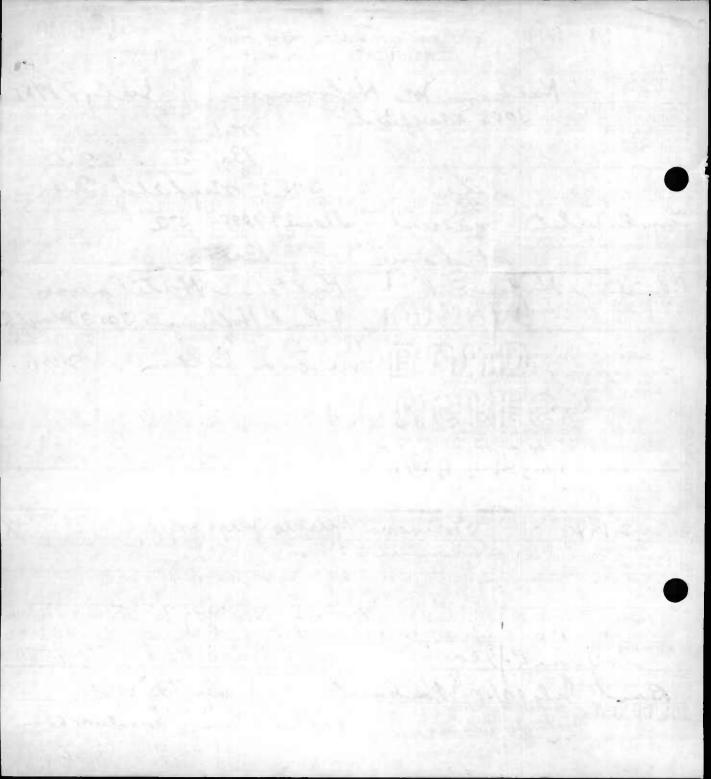
51 6040

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6040 51

Registered No.

	IKIH NO.								
	NAME OF D ype or Print)	ECEASED Kal	heim	Sm. F	Volkn	asle	2. DATE OF DEATH	lule	7 1957
Α.		City, Maryland 3	053 n	ne 1:10	A. STATE	RESIDENCE (		ved, If institu	tion: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	n, give storet addres locat	on) c. CITY O	R TOWN (	f outside corpora	te limits, write	e RURAL and give
1	0.0			T. T.		Ba	eto	26-6	3 township)
C.	Length of s	tay in Baltimore	lit	M	D. STREET	S3 W	rural, give locat	1-1	Zue
5	SP 0	6. COLOR OR RACE	7. SINGLE.		8. DATE C	F BIRTH	% GE (in ye last birthda		Year H Under 24 Hours Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OF	11. BIRTH	PLACE (State or	foreign country)		ITIZEN OF
			at.	home		Bal	250		/HAT COUNTRY?
(	S. FATHER'S N	TAME Hol	2	· la	14. MOTH	ER'S MAIDEN N	MAL. 7	cha	
15 (Ye	. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO	17. INFOR	MANT	1	ADDRES	se .
_					John	R Hol	magle	3053	Mayle
	18. /5	3 ×		CAUS	E OF DEAT	H //			TERVAL FLEEN
	DÍSEAS	E OR CONDITION		$\bigcirc$	-		NO.		2.1100
	(This does	not mean the mode o	of dying, e. g.,	(A)	ercuo	ma c	man,	<b>5</b>	Pyr.
		re, asthenia, etc. It mea complication which c		DUE TO					U
	1.00	ANTECEDENT CAUS	SES						
z				(B)	*************************	************************	*****		
OI.	DISEASES RISE TO T	OR CONDITIONS, II	F ANY, GIVING	DUE TO					
⋖		ING CONDITION LA		(C)					
FIC				(0)			***************************************		
ERTI	OTHER S	II IGNIFICANT CONDI	TIONS CON-						
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED						
7				INDINGS OF O	PERATION	1. 900.	(1110	2	20. AUTOPSY?
EDICA	34 ACCID	19 49	1 218 PLAC	E OF INJURY (e.	- in at 210 W	HERE/DID	(If in Baltimore		YES NO A
MEDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		m, factory, street, office b		Y OCCUR?	(11 III Dairimore	Oity, give ex	act location)
7	ID. TIME (	Month) (Day) (Year)	(Hour) 21	IE. INJURY OCCL		OW DID INJUR	Y OCCUR?		
				VORK NOT WE					
		y certify that, I att	ended the d	eceased from	Marchis	, 195/, to	july 7	, 195/, that	t I last saw the
	deceased al		_, 195/ ar	nd that death oc		Jm., from	the courses and		te stated above.
	23A. SIGNAT	rellion L	. Pear	w5 M.D.	302	5 Bela	i Road	235	7-9 SIGNED
TI	AA. BURIAL, CON, REMOVAL (S	REMA. 24B. DATE	0/57 24	orker	-	MATORY 24D.	3. A Company	town, or eou	nty) (State)
3	ME REGING	SAY REGISTRAR	ma 14/16.	E P	ull ull	AL DIRECTOR	6 Hom	ester	RESS WALL
	VS 150	Was.	Mile to PA W	Clini area				11	1 =
				A STATE OF THE STA				41	OF



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6041

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registereu	110,
	NAME OF D Type or Print)	5 Amvel	Grudi	s like white		2. DATE OF DEATH	ly 10,1951
	PLACE OF D Baltimore (	City, Maryland	where	e Hop.	4. USUAL RESIDENCE (		If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate lin	nits, write RURAL and give township)
	amently of a		>	Yrs.	D. STREET ADDRESS (III	frural, give location)	
	SEX	tay in Baltimore	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year   II Under 24 Hours
	m.	w.		PD, DIVORCED (Specify)	Jan 8, 1897	52	Months Days Hours Min.
10 wor	k donoduring most	CUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	-0-	am			dung		
(Ye	w, no or nnknown)	ED EVER IN U. S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	2	ADDRESS
	7 7					- 3716 DO	Glody Clay
N	(This does heart failt injury or	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e. p ans the diseas caused death	E. (A) CERCO.  DUE TO  (B) Hyper	of DEATH  TO VASCULAR  tensive Card	Accident	ONSET AND DEATH
CATIC	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TI				
RTIF		n n		(C)			
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED .			
7				FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21A ACCIDE	ENT, SUICIDE,	21s Pi /	ACE OF INJURY (e. g.,	in or   21c. WHERE DID (	(If in Reltimore City	yes No , give exact location)
MEDI	HOMICIDE	(Specify)		farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	ar m paramore org	, give exact location)
	FINJURY  Month (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  M. WORK AT WORK						
	22. I hereb	y certify that I at	tended the	deceased from			that I last saw the
	deceased a		, 1911,	and that death occur		the causes and on	the date stated above.
	29A. GIGNA	en toute	<b>+</b>	м. р.	23B. ADDRESS	Dla.	23c. DATE SIGNED
TI	4A. BURIAL.	CREMA- 248 DATE		24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	LOCATION (GAS, tow	
	ATE RECEIVE		S SIGNATI	IRE	25. FUNERAL DIRECTOR	- 2100 6	alaro PL
	Vs 150	Trans.	MERCHA!	distances 2 60	60		920

# BALTIMORE CITY HEALTH DEPARTMENT

51 6042

BIRTH NO. CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED Joseph H. But1	er	2. DATE. OF DEATH 7/7/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION Union memorial Hosp.		itside corporate limits, write RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rui	ral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify manual		9. AGE (In years   Il Under I Year   If Under 24 Hours   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklag life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	may 17, 1907  11. BIF HPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
18. 4/4 CAUSE	OF DEATH	1504 gmilliese Old.
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	line Volvales	discore 3/1/2
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	heure a times	4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	stove,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, ferm, fectory, street, office bldg., CAUSE OF DEATH		in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK	Δ	OCCUR?
1	10t. 1950 to ful	causes and on the date stated above.
	3613- Face Kg	But we have gt st
24a. BURIAL. CREMA- TION, REMOVAL (Specify) Buriol 7/10/51 Lt Maries	ERY OR CREMATORY 240. LOC	CATION (City, town, of county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS AND
VS 150	aur . wherever	Or Solo 41 s restaurant.

to, dies toloco du on Wherever their p fore, tale both of the sold of the s

# BALTIMORE CITY HEALTH DEPARTMENT

21	6043

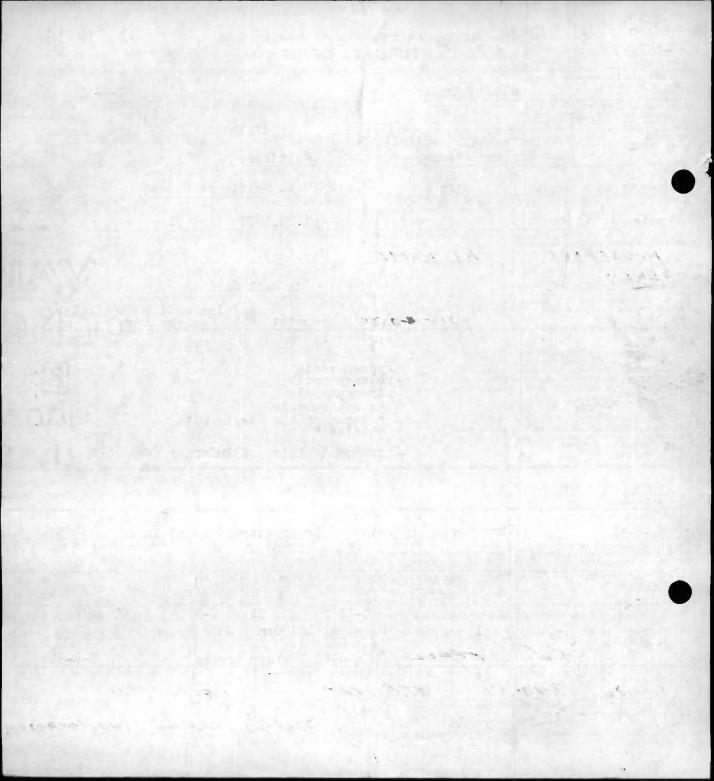
ВІ	RTH NO.			CERTIFICAT	E OF DEAT	Н	Registered I	No	
1. (T	NAME OF D	ephen McCal	20				ATE OF EATHJ111V	0 705	1
3. A.	Baltimore	City, Maryland 1	000 Ca	ton Avenue	4. USUAL RESIDI	ENCE (Where d		institution: re	esidence admission)
HO	FULL NAME DSPITAL OR STITUTION			ion, give street address or location)	C. CITY OR TOWN		corporate limit	s, write INURA	AL and give township)
J	enkin's	Memorial E	Hospit		Baltimore				.,
Ç.		stay in Baltimore	?	7 Yrs. Mos. Days	1000 Cator	n Avenue	2	5-41	
5.	SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	la	st birthday) Mo	t Under 1 Year H	Under 24 Hours Tours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE			12. CITIZEN	
WOI	Priest	of working life, even if retired)		INDUSTRY	Grahamtown.	South Af	rica	WHAT	COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MA				
		John M	cCabe		Jane				
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Α	DDRESS	
(4.				SECORITI NO.	Rev. Wil	liam E.	Kelly		
ERTIFICATION	(This doe heart fail: injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mee complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT COND G TO THE DEATH, BUT	TH of dying, e nus the disease caused death SES  F ANY, GIVII STATING TO AST.  ITIONS CO NOT RELAT	(B)	hal derten errorelente	lusion online las D	Henni		
O		OF OPERATION 1		FINDINGS OF OPER	ATION	••••		20. AU	TOPSY?
AL								YES	No []
MEDICA	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., i farm,fac <b>tory</b> ,street,office bldg.,d	etc.) INJURY OCCU	R?	altimore City,	give exact loc	ation)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCC	UR7		
			tended the	deceased from Ju	ne 6, 194	4 to July	7-, 19.5	I that I las	
	deeeased a		, 19 5 1.	and that death occur	red at 6:39 Am.	from the car	ses and on t		ted above.
	23A. SIGNA	Jarry V	To	MAR M. D.	SB. ADDRESS	me-	Cons.	7-9	-51
2. TI	AA. BUMAL, ON, REMOVAL (	CREMA- 24B. DATE Specify) 7/11/5		New Cathedra		Baltimo	on (d)y, town	, or county)	(State)
JU	ATE RECEIVE	ED BY REGISTRAR	s alguati		16. 25. M		Son Kas	ADDRESS Oal	veriSt,

# A TANGE OF THE TOTAL THE TANK OF THE TANK

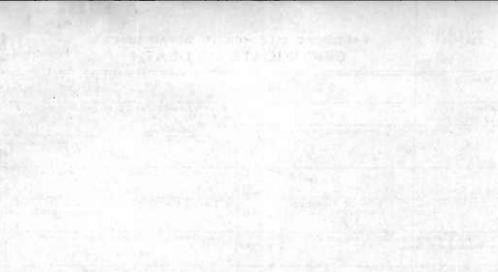
4				
			-11-	
	ALC: Y	1	Andrew Lot	
		4		
		1 3-3	ē	

	13		1
	1		

	D-147573	or 903	4 BALTIMORE CITY HE CERTIFICATE		Registered	1 6044	
1.	NAME OF D		lice Ruggles		2. DATE OF DEATH	7-9-51	
	PLACE OF D			4. USUAL RESIDENC	E (Where deceased lived,		
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Baltimor	al or institution, give street address or e City Hospital Scation) tern Avenue	Maryla c. CITY OR TOWN Baltimore	and	nits, write RURAL and give township)	
	ength of s	tay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS 2579 W. Balt:	(If rural, give location) imore Street	20-04	
	Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	Sept.13,1879	9. AGE (in years last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWORK  13. FATHER'S NAME			Maryland 14. Mother's Maide		12. CITIZEN OF WHAT COUNTRY?		
	Suol D	ickerson		Ida Bell S			
15 (Ye		ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY NO.		ltimore City H 40 Eastern Ave	ADDRESS ospitals	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  ONSET AND DEATH  Pyonephrosis  2 Wks.  Pyelonephrosis 2 Wks.  2 Wk						
CERT	TRIBUTING TO THE D	II IGNIFICANT CONDI- TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED CAUSING IT.				
MEDICAL	19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDI						
	m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 4-11 , 1951, to 7-9 , 1951, that I last saw the deceased alive on 7-9 , 1951 . and that death occurred at 11:06am, from the causes and on the date stated above.  23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 7-9-51						
TIC	AA. BURIAL. CON, REMOVAL (S	C 7-13-	31 MT. OLIVE	RY OR CREMATORY 24		vn, or county) (State)	
	ATE RECEIVED	AR REGISTRAR	S SIGNATURE OF	J. Walter	Conkled 23	ADDRESS	
	VS 150	and the same	water -			48a	

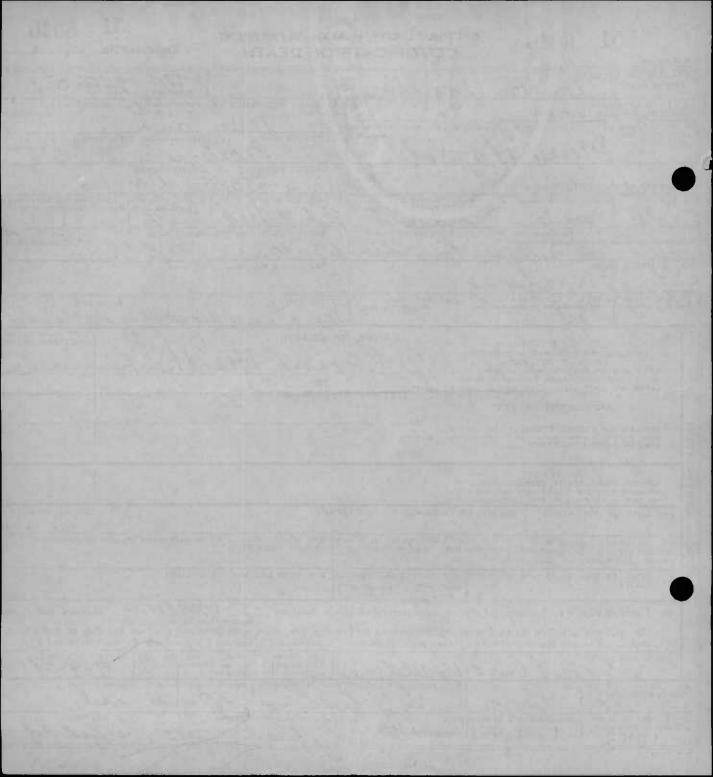


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH ITATHER INE I. NAME OF DECEASED 2 DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location. (If outside corporate limits, write RURAL and give INSTITUTION township) need ari Yrs. ADDRESS (If rural, five location) Mos. LUOI Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) II Under 1 Year last birthday) Months: Days Hours; Min. WIDQWED, DIVORCED (Specify) Vidocu Col Ma IOA. USUAL OCCUPATION (Give kind of l 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or ookoowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID ED I about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour)
DF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. , 19 L., that I last saw the \_, and that death occurred at\_\_\_ Am., from the cakes and on the date stated above. deceased alive on 19\_/ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED NAME OF CEMETERY OR CREMATORY | 24D. LOGATION (City town, or county) 248. DA REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR OBRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 -manual file of the state of th





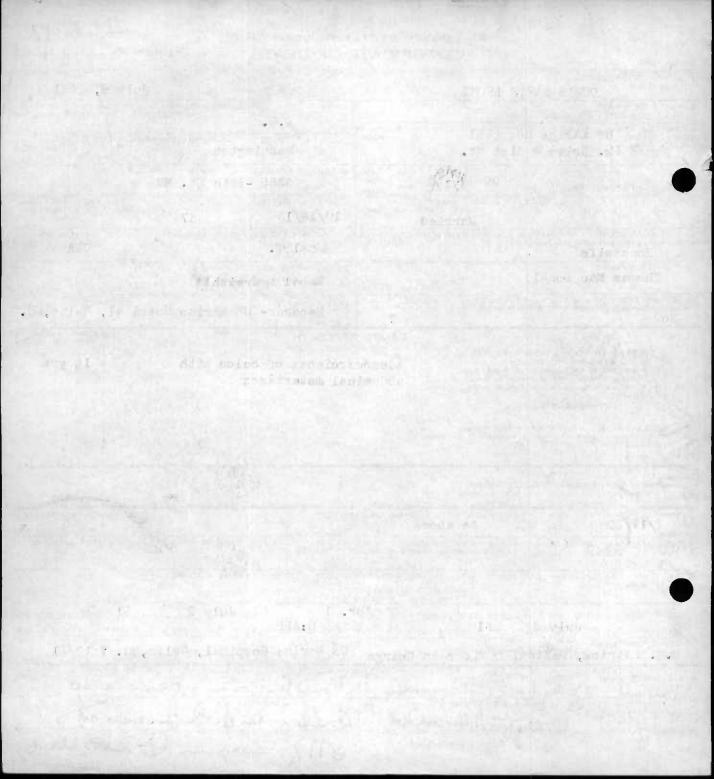




# 500 51 6047 BALTIMORE CITY HEALTH DEPARTMENT

*	51	6047
		2.0

				CERTIFICATI	E OF DEATH	Registered	No.
BIRTH		ECEASED				La DATE	
(Type or		DORIS MARI	E LEONE	3		2. DATE OF DEATH Ju:	ly 9, 1951
A. Balt		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I	If institution : residence before admission)
B. FULL HOSPIT	AL OR	US Marine H	spital	ion, give street address or location)		outside cornerate lim	its, write RURAL and give
INSTIT	WHAN:	Pk. Drive &	31st St.		Washingto		township
One	eth of s	tay in Baltimore	99 da	Ays Yrs.  Mos. Days	D. STREET ADDRESS (If 3355 -16t		
5. SEX		6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	P.	W	M	red, DIVORCED (Specify)	10/24/13	last birthday) N	Months Days Hours Min.
10A. US work done d	UAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	Hous	ewife			Calif.		USA
	Thoma	s Mac Donald			14. MOTHER'S MAIDEN N.		
	1 11 Oma	s Mac Donald			Mabel McCreit	h	
15. WAS (Yes, no or No	DECEASE unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US 1	Marine Hospi	ADDRESS tal, Balto, Md.
18.	1 5	2 Y		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH
C	This does	not mean the mode	TH of dving, e. s	Adenoc	earcinoma of color	1 with	la yrs
h	eart failu:	re, asthenia, etc. It mes complication which	ns the diseas	e. ahdomi	nal metastases	***************************************	***************************************
				.) DUE 10			
7		ANTECEDENT CAUS	SES				
O D	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				······································	***************************************	
A C		ING CONDITION LA		E DUE TO			
<u>U</u>				(C)			
ERTIFICATION 10 Cad		11					
	RIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
_		F OPERATION   1		FINDINGS OF OPER	ATION!		1.00 41/2000
A 197	7/17/			above	KATION		20. AUTOPSY?
DICAL	ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID ()	If in Baltimore City,	give exact location)
fall man	NG OF	CONTRIBUTING [	about home, f	arm, factory, street, office hidg.,	etc.) INJURY OCCUR?		
21D.	TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
22.	I hereb	y certify that I att	ended the	deceased from Ap	or. 1 19 51/to Ju	ily 9 19	51, that I last saw the
		ive on Jaly 9	119 51		rred at 6:35Pm., from t		the date stated above
23A.	SIGNAT	URE MATE	Treele .	2	38 ADDRESS		1 230 DATE SIGNED
D.W	V. Pat	rick, Medica	North c	er in Charge	US Marine Hospit	al, Dalto, Mo	d 1/10/51
	URIAL, C		-51-	Presedio 1	ational Line S		n, or county) (State)
DATE R	ECEIVE	BY RIGISTRAR	S SIGNATU	IRE .	25. FUNERAL DIRECTOR		ADORES
JUL	REGIST.	51 1-1-1	ton NA	liams, M	Elesworth of	Johnson	cost
VS	5 150	What is	金额	page the transportant die 2	5118 Sun	D.	ak ave
						7	46E



51 6048 -324 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT

To	S DE approv	ed lux	me	ercial
.TH	DEPARTMENT	Thou	sim.	2.
OF	DEATH	Registered	No.	5.4

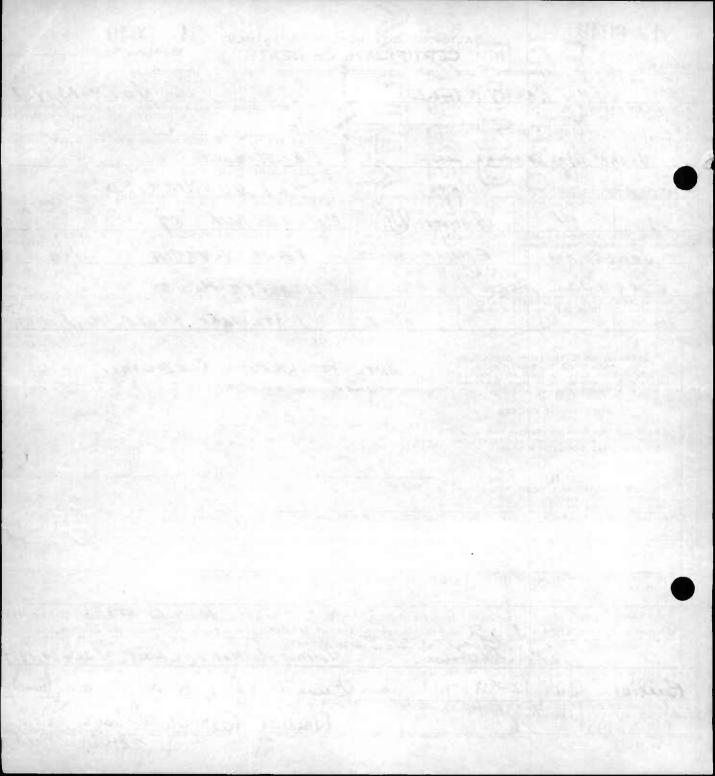
ВІ	BIRTH NO.							
	1. NAME_OF_DECEASED   2. DATE							
(T	ype or Print	ee Getzel				OF DEATH July	77.5	
A.		City, MarylandDOA			4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY		
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		outside composes li	imits, write RURAL and give	
IN	STITUTION	esephs' Hespi	tal		Baltimere Md.	outside corporate il	township)	
	Length of s	stay in Baltimore		45 YrsMee.	D. STREET ADDRESS (If			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	I O A OF HE HOUSE	If Under 1 Year II Under 24 Hours	
	M	W		PED, DIVORCED (Specify)	7/10/00	77	Months Days Hours Min.	
work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Lectricia FATHER'S		Shipbu	ilding	Virginia		USA	
13	. AITIER S		0-4-	-1	14. MOTHER'S MAIDEN N.	AME		
15	. WAS DECEAS	John ED EVER IN U. S. ARMEI	Getz		Frances Shay			
(Ye	, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	-3 3300 0	ADDRESS	
-	No			213 09 3689	Mrs. Estelle Get:	zel,1105 S.		
	18. 47	0.1		CAUSE	OF DEATH		ONSET AND DEATH	
		SE OR CONDITION LEADING TO DEA	TH	Ge re	nary Artery Scler	acte		
	heart failu	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	e, (A)	······································	.: l		
	injury or	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES							
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	, ANO		M. D.	
FA	UNDERL	THE ABOVE CAUSE (A)	STATING TH		CHIEF OF ACCT	MEDICAL EXAMINER		
J.			3	(C)	CHIEF OR ASSI			
ERTIFICATION	OTHER	II CONDI	TIONS :					
ER	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	D				
0		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL		9		South and I		LUZZI	YES NO	
EDICAL	21A. ACCIE LYING O CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., ferm, factory, street, office bldg.,		If in Baltimore Cit	y, give exact location)	
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?		
	OF INJURY	3 1100	m.	WHILE AT NOT WHILE				
			ended the	deceased from Jun	18 7 , 1947 to J		), that I last saw the	
	dcceased a	live on July 7		and that death occu	rred a 6:45 p.m., from t			
	23A. SIGNA	rand a. Id	ango	in gr . M. D.	3501 Fait	ive. Bolto	24 23C. DATE SIGNED	
24	A. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE		OCATION (City) to		
	Burial	7/12/51		Holy Rosary	Bal	timore, Ma	ryland	
	ATE RECEIVE		S SIGNATU		25. FUNEBAL DIRECTOR	0	ADDRESS	
J	UL 1 019	51 tunte	eter IV	lianse, Mill	4.F. Sadowski &Son	ns,1808 Fas	tern avenue	
	VS 150			AND AND PROPERTY OF THE PARTY O	(OL. 1. A)	- Ital	and o	
	51530 Thales W. Johnson 94a							

E. Table Manager and the state of the st Terrinal Calonal A Property Cont ta . I Ford ve with

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6049 Registered No.

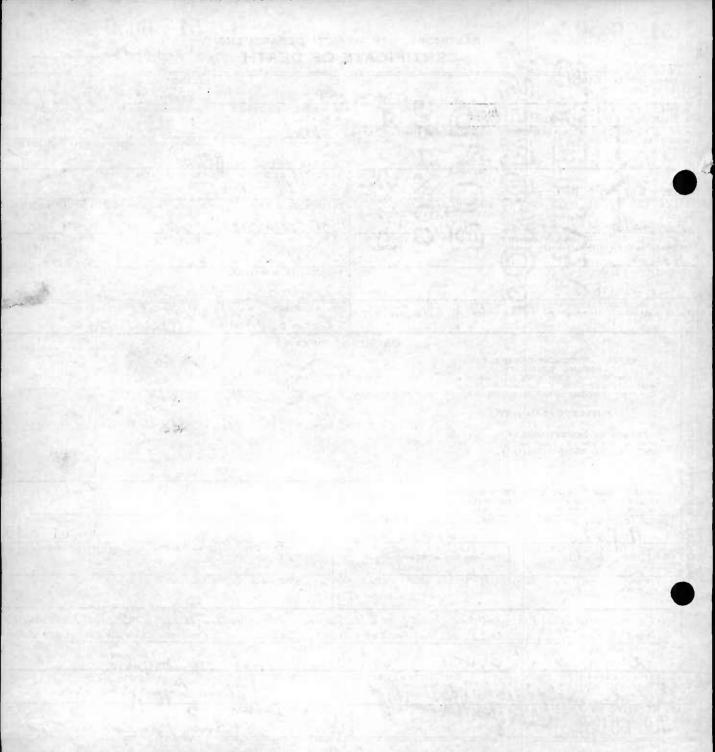
BIRTH NO. N - X TO CERTIFICATI	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) JOHN HENRY NAGLE	OF DEATH VOLY 10,1957
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNION ME MORIAL HOSP.	BALTI MORE LOWINSHIP
Yrs.	D. STREET ADDRESS (If rural, give location)
E. Length of stay in Baltimore 60 YES Mos.	427 DUNKIRK KD
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthdny) Months; Days Hours Min.
M WIDOWED	MARCH 23 1864 87
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country).   12. CITIZEN OF
work done during most of working life, even if retired)  SALESMAN  ENAMEL WARE	PENNSYLVANIA WHAT COUNTRY
13. FATHER'S NAME NACLE	14. MOTHER'S MAIDEN NAME
EMANUEL MOSE	ELIZARETU HOWE
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, oo or ookoown) (If yes, give war or dates of service) SECURITY NO.	J. STEWART NAGLE 457 DOWNER
NO NO WONE	
18. 4771 I	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PIOSCLEROTIC CARDIOVAS.
injury or complication which caused death.) DUE TO COL	AR DISEASE
ANTECEDENT CAUSES	
(B)	*.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST,	
UNDERLYING CONDITION LAST,  U  II  OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY7
	YES NO E
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in ebout home, farm, fectory, street, office bidg., c.	io or   21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify)   ebout home, farm, fectory, street, office bldg.,	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	~ Y 1, 19 37, to Way 0, 1951, that I last saw the
	rred at 6:10 Am., from the causes and on the date stated above
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED
M, D.	UNION MEMORIAL HOSP. JULY 10,195
24A. BURIAL, CREMA- 24B. DATE TIQUEREMOVAL (Specify)	a + Dist. Dt.
Burial July 12-1951 Tut. Gran	Leveley Bed for M. D. mary land
DATE RECEIVED BY REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Hours Tarring 24 Jours



IMURE CITY	HEALIH	DEPARIMENT	
CERTIFICA	TE OF	DEATH	Regi

stered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Winstitution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Larra HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township ! Churc laneytown D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) II Under 1 Year Hours: Min. last birthday) Months: Days Female White married

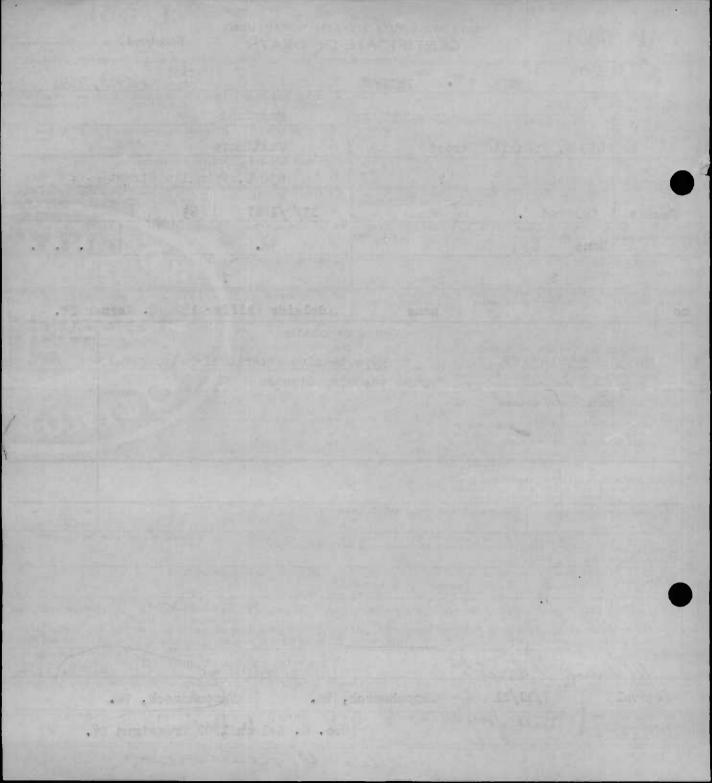
10A. USUAL OCCUPATION (Give kind of BUSINESS OR may 1911 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? house wite Irginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME reorge 15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no or nakonwa) | (If yes, give war or dates of service) 16. SOCIAL Tulia Cornettadoress SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... H OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY Right luberculos is 21A. ACCIDENT, SU/CIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in pr about bome, farm, factory, street, pflice bldg., etc.) 21c WHERE DID (If Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 27 June 5/19, to 9 Tuly . 195 I that I last saw the 4 14, 1957, and that death occurred at 11; 50 pm., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNAPURE 238. ADDRESS 23c. DATE SIGNED 75me8 24A. BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE TION REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNA 25 FUNERAL DIRECTOR LOCAL REGISTRAR



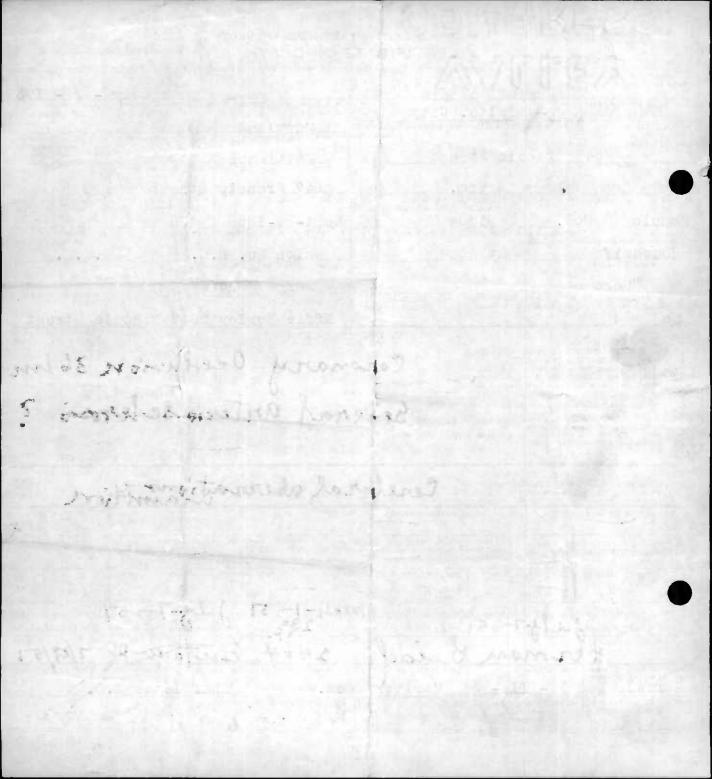
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) P. July 8, 1951 ANNIE PHIFFER DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 650 W. Franklin Street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 650 W. Franklin Street ength of stay in Baltimore Davs 9. AGE (In years of Bude I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 1887 Female Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Adelaide Phiffer 1134 S. Warner St. no none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive arteriosclerotic cardio-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, KOKKK Vascular disease injury or complication which caused death.) ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OFERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy ... thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... 2 23c. DATE SIGNED July 9 MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL. CREMA-24B. DATE TION REMOVAL (Specify) Tappahanock. Va. Tappahanock. Va. ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

151

Hes. H. Kelson



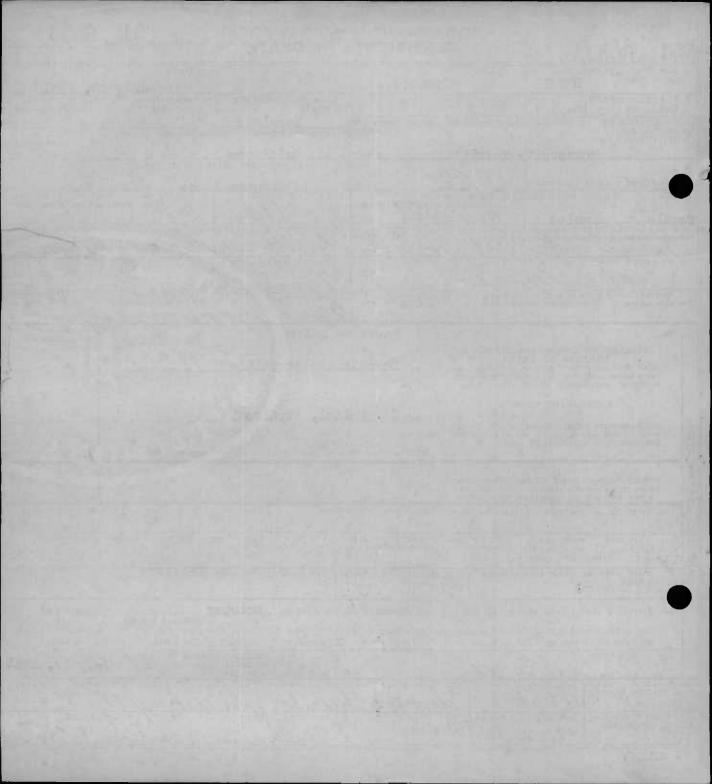
	51	6052	BALTIMO	ORE CITY H	EALTH DEPARTMEN	<sub>r</sub> 51	6052		
В	RTH NO. F	1-000	CEI	RTIFICAT	E OF DEATH	Registe	red No.	_	
	NAME OF D		Harmer S.			2. DATE OF		=	
3. A.	PLACE OF DE Baltimore	ROSI EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased his	ved. If institution : residence		
В.	FULL NAME OSPITAL OR ISTITUTION		al or institution, gi			(If outside corporate	e limits, write RURAL and		
1		2547 Franc	is Street		Baltimore		towns		
7				Yrs. Mos.	D. STREET ADDRESS (	If rural, give locati	on)		
5	ength of st	tay in Baltimore	3 Yrs.	Days	2547 Franci	S Street	Ars   If Under   Year   If Under 24		
400	emale		WIDOWED, D	IVORCED (Specify	0 +	last birthda	ars II Under Year II Under 24 y) Months Days Hours 1	lin.	
10	A USUAL OC	CUPATION (Give kind of	108. KIND OF E		Sept-19-1852	foreign country)	12. CITIZEN OF		
wor	Housewi	of working life, even if retired)	At Home	INDUSTRY	_ Union Co.	N.C.	U.S.A.	RY?	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN		10.01		
		kown			Mary R	280			
(Ye	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or date		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
_	18. 4/20				Effie Burle	y 2547 Fr	ancis Street		
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Cononary Occlusion 36 lun  (B) Sungral Outeriosclerosis?  DUE TO  (C)								
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Cereby	cal aberr	ations	rition		
AF	19A. DATE O	F OPERATION 1	98. MAJOR FINE	INGS OF OPER	RATION		20. AUTOPS	100	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE O about home, ferm, fac	FINJURY (e. g., tory, street, office bldg.,	etc.) 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore	City, give exact location)		
2	21D. TIME (	Month) (Day) (Year)	(Hour) 21E. II WHILE A WORK			RY OCCUR?			
		22. I hereby certify that I attended the deceased from Mch-7,195 to 1,195, that I last saw the deceased alive on 1,195, and that death occurred at 2,5 m., from the causes and on the date stated above.							
		100 010	_, 19 ana t	rear wooder book	rrea atm., from	the courses and	on the date stated ab	ve.	
	23A. SIGNAT		m Se	idel	23B. ADDRESS 4., from	the courses and	on the date stated about 1915	ve.	
TIC	A. BURIAL, CON, REMOVAL (S. BUrial	HELMA REMA- 248. DATE	24c. N	LOB D.	2404 ERY OR CREMATORY 24D.	LOCATION (City,	town, or equally) (Sta	ED	
TIC	A. BURIAL, C	REMA- peeify) 7 - I	24c. N	LOB D.	2404 ERY OR CREMATORY 24D.	LOCATION (City. Charolett	town, or equally) (Sta	ED	



5-520

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	IRTH NO. THE STATE OF THE STATE							
	NAME OF DECEASED  Type or Print)  DECCTE  COLUMN	2. DATE						
	DEOOTE SCHENCH	DEATH July 10, 1951						
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
Н	FULL NAME OF Continuous national nation of statement address or OSPITAL OR location   NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
	University Hospital	Baltimore township)						
	Yrs.	D. STREET ADDRESS (If rural, give location),						
	ength of stay in Baltimore 6 Mos. Days	1631 Butaw Place 14-01						
	EX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours						
£,	emale white Widowed (Specify)	4/13/93 last birthday) Months Days Hours Min.						
10	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
wor	k done during most of working life, even it retired) at his	Morth Cardena WHAT COUNTRY?						
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Jako Mine	W. I Comment						
1!	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Marcie annon						
(Ye	(If yes, give war or dates of service) SECURITY NO.	Marie Lehuranshatt						
	18. FETY CAUSE (	OF DEATH						
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
	LEADING TO DEATH	c cholecystitis						
	heart failure, asthenia, etc. It means the disease,	C CHOICES LIELS						
1	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
z	DISEASES OR CONDITIONS, IF ANY, GIVING							
9	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT	UNDERLYING CONDITION LAST. (C)							
12	II							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-							
E E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ū	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA							
AL	7	YES X NO						
Ü	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in under the control of the							
EDIC	UNDERLYING OR CONTRIB.   about home, farm, factory, street, office bldg., et   UTING CAUSE OF DEATH.	MOORY OCCURY						
M	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED   21F. HOW DID INJURY OCCUR?						
7	OF INJURY WHILE AT NOT WHILE							
	ni.   WORK L. AT WORK L.							
	22. I certify that I took charge of the remains described a	bove, held an <u>autopsy</u> thereon and from Autopsy, Inspection or Inquiry						
	the evidence obtained by said Autopsy, Inspection or In	nguiry, find that said deceased died on the day stated above.						
	and death in my opinion resulted from: natural causes	RE						
	23A. SIGNATURE	D. MEDICAL INVESTIGATOR  D. MEDICAL INVESTIGATOR  D. MEDICAL INVESTIGATOR  July 10, 1951						
24	4A. BURIAL, CREMA-1 24B. DATE / 1/24C. NAME OF CEMETER	- I WEDIONE INVESTIGATION						
0	phy, REMOVAL (Specify) 7/13/5/ Elemoner 16	lateral Sandahana M. P.						
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS						
LO	ATE RECEIVED BY REGISTRAR'S SIGNATURE	EMINE PORTO						
		C. I were samereour telerry 17900						
V	S 151							



K- 63/ 51 6054

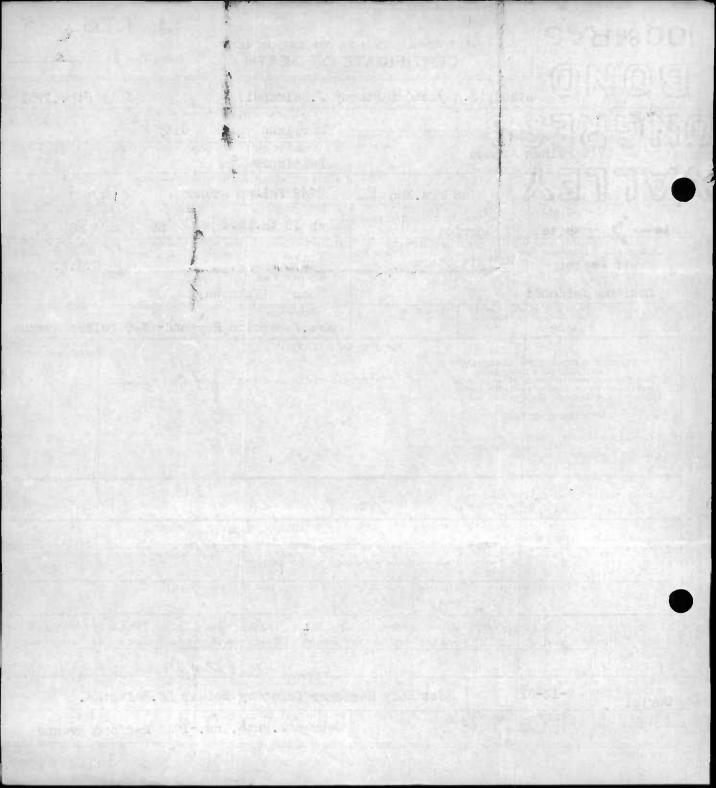
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6054 Registered No.

BIRTH NO.			CERTIFICATI	E OF DEATH	Registere	Q 110,
1. NAME OF E	DECEASED				2, DATE	
(Type or Print)	Johr	S. Kin	ckpatrick			lly 9, 1951
	City, Maryland	al ou in the		4. USUAL RESIDENCE A. STATE Maryland		. If institution; residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	4101 Chath		on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate li	mits, write RURAL and give township
0			50 Yrs.	D. STREET ADDRESS		15-10
5. SEX	tay in Baltimore	7 SINCLE	, MARRIED.	4101 Chatha	9. AGE (in years	H Under I Year   H Under 24 Hours
Male	White	Widow	red (Specify)	Dec. 7, 1874	last birthday) 76 yrs	Months Days Hours Min.
10A. USUAL OC rork doce dering most Accounta	CCUPATION (Give kind of of working life, even if retired) nt		OF BUSINESS OR INDUSTRY	Quanico, Md.	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDER	N NAME	
	m A. Kirkpatı			Louisa Carev	we .	
(Yes, oo or ooknowo)	ED EVER IN U. S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO. 212-03-55/3	17. INFORMANT Miss Louise Ki	irkpatrick,410	ADDRESS 1 Chatham Rd.
(This doe heart fail injury or Disease Rise to UNDERLUDIL TRIBUTIN	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which ANTECEDENT CAUSE SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LONG TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ins the diseas caused death GES  F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATI	(B) (C)	of DEATH vary thromb	hosis ular disea	INTERVAL BETWEEN ONSET AND DEATH
19A, DATE (	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
HOMICIDE	ENT. SUICIDE, (Specify)	ebout home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		y, give exact location)
FINJURY	(Month) (Day) (Year		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ	JURY OCCUR?	
	tive on July 9	tended the	1 / 1/ 2	red at 9.05Am., fro	om the causes and or	31, that I last saw the the date stated above 23c. PATE SIGNED
24a. BURIAL, TION. REMOVAL ( Burial DATE RECEIVE LOCAL REGIST	July 11	1951	M.D. 24C. NAME OF CEMETE Oaklawn Ceme	A /	ZSSEX, Md.	wn, or county) (State)  ADDRESS 510 Liberty aights Ave.
VS 150		7 70	, /	, -		

Territory of		
	Alexander Company	dustr oneil
A Very the Company of the Company		
and a said		
	Marito, C. 19 Marito III.	100
	All the local state of the latest and the latest an	1 STATE OF THE STA
17.7		
	With Williams	

BIRTH NO. R- 5	53		CERTIFICAT	E OF DEATH	Register	ed No	
1. NAME OF DECEASE (Type or Print)		ny J.H	Raymond (Antho	ony J.Raimondi)	2. DATE OF DEATH	July	8th., 1951
3. PLACE OF DEATH:  a. Baltimore City, M  B. FULL NAME OF		an imatitati	on, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		d. If insti	
HOSPITAL OR	Pelham Av		on, give street address or location)				ite RURAL, and give township)
ength of stay in	Baltimore	58	Yrs.  Nos.  Days	D. STREET ADDRESS (If 2749 Pelham As		27-	61
	OR OR RACE 7	v. SINGLE WIDOW Narr	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH March IO th. 1892	9. AGE (In year last birthday)	Months 3	Days Hours Min.
10A. USUAL OCCUPATION work done during most of working!  Fruit Deal	ife, even if retired)	OB. KIND	of Business or INDUSTRY Store	11. BIRTHPLACE (State or f	oreign country)		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Luciano Raimondi			14. MOTHER'S MAIDEN N Rose (Unknow	,		0.0044	
15. WAS DECEASED EVER (Yes, no or unknown) (If yes	IN U. S. ARMED F give war or dates of ONE	ORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Josephine I	Raymond-274	ADDR	
(This does not me heart failure, asthe injury or complication	nia, ctc. It means ation which cause EDENT CAUSES ONDITIONS, IF A VE CAUSE (A) STONDITION LAST	dying, e. g the disease sed death.  NY, GIVIN FATING TH  ONS CON	(B)	Your Mone	) stomed		3 3/4 yr
19A. DATE OF OPER  21A. ACCIDENT WA  LYING OR CONT  CAUSE OF DEATH  21D. TIME (Month)  F INJURY	AS UNDER. RIBUTING (Day) (Year) (E	218. PLA about bome, for m.	CE OF INJURY (e. g., instruction of the state of the stat	in or 21c. WHERE DID (otc.) INJURY OCCUR?	ng & , 1	9 <b>.5.1</b> , th	at I last saw the
23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) BUTIAL DATE RECEIVED BY	0 0	mer 2	M.D. AGENTAL MOST HOLY Red	Pariera Cat La	Le Drie OCATION (City, to Plair Rd.Ba	own, or co	9.1951  ounty) (State)
LOCAL REGISTRAR	rtuitie		Manage P.	George J.Ruth, In			



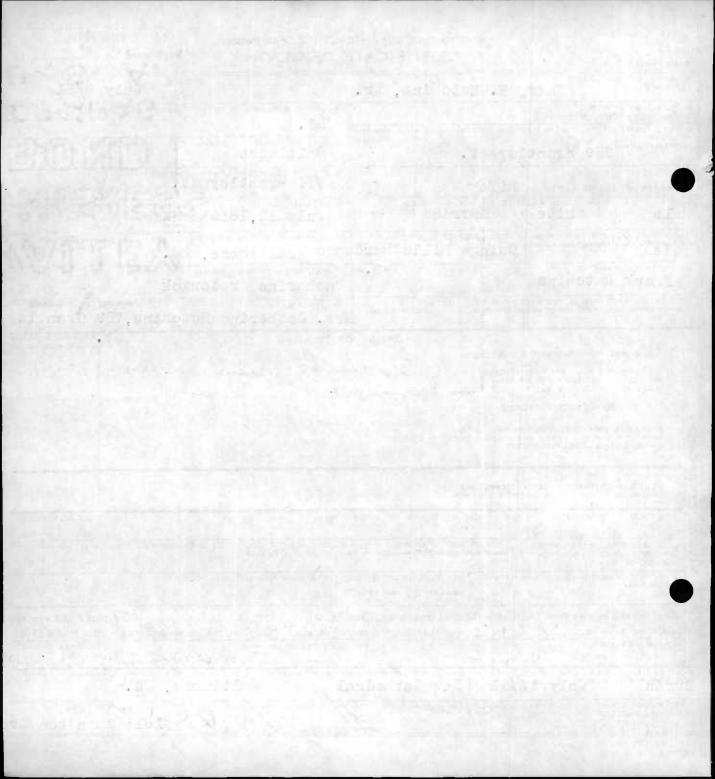
H.	325
BIRTH	No.6056

#### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

51 6056

Registered No.

BI	RTH NO	90		CLIVIII ICAT	E OF DEATH	Megistered 140	
	NAME OF D ype or Print)	ECEASED Harry	N. Hu	tchins, Sr.		2. DATE OF JULY	8/51
Α.		City, Maryland			4. USUAL RESIDENCE (		stitution : residence before admission)
H	STITUTION	759 Frantl		on, give street address or location)		If outside corporate limits,	write RURAL and give township)
	ength of s	tay in Baltimore	Life	Yrs. Mos. Days	759 Grantle	rural, give location)	16-08
LI .	ale	6. COLOR OR RACE	7. SINGLE	MARRIED.	July 12,188		nder I Year It Under 24 Hours ths Days Hours Min.
10 work	A. USUAL OC doneduring most of Clerk	CUPATION (Give kind of of working life, even if retired	Owings	OF BUSINESS OR	11. BIRTHPLACE (State or ) Ware Baltimor		2. CITIZEN OF WHAT COUNTRY?
	FATHER'S			Coer	14. MOTHER'S MAIDEN N	NAME	
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Wrs. Catherine	Hutchins, 7	oress 9 Grantley
RTIFICATION	heart failu injury or DISEASES RISE TO TUNDERLY	not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L.	ans the disease caused death.  SES  IF ANY, GIVIN.  STATING TH  AST.	(B) GE DUE TO (C)			5 yes-
CE	TO THE D	TO THE DEATH, BUT	NOT RELATED CAUSING IT				
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i rm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
2	2 ID. TIME	(Month) (Day) (Year	,	TIE. INJURY OCCURR		Y OCCUR?	
	22. I hereby	y certify that I at	tended the	deceased from	Jan 1949 to		that I last saw the
	23A. SIGNAT			and that death decour	3B. ADDRESS	the causes and on the	23c. DATE SIGNED
2.4 THE	A. BURIAL, CIN REMOVAL (S	CREMA- 24B. DATE (pecify) July 12	2/51	M.D. 4c. NAME OF CEMETE New Cathedr	RY OR CREMATORY 240. L	COCATION (City, town, or imore, Md.	6 ) [10 [3]
D	ATE RECEIVE	D BY REGISTRAR	'S GIGNATU	of	FUNERAL DIRECTOR	16 A 97	ADDRESS
-		951	6		tarry H. Ulu	STICETUL E	lmondson Av
	VS 150			3906N	0	0	470



51 6057 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED of July 9/51 (Type or Print) Harry N. Sponsler 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 523 Mt. Holly St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 80 yrs Mos. 523 Mt. Holly St. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. Mall e Nov. 16,1865-- 85 Married 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Retired Lumber Foreman. B. & O. R. WHAT COUNTRY? Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Sponsler Clara---15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Mary L. Sponsler, 523 Mt. Holly INTERVAL BETWEEN 18. CAUSE OF DEATH 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... ARTERIOSCIERUTIC CARLIO LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO VASCUTAR DISERSE injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

NOT WHILE

22. I hereby certify that I attended the deceased from Nama Ry 1949, to Valy 9, 1951, that I last saw the deceased alive on Valy 9, 1951, and that death occurred at 11 mm, from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA | 24B. DATE

EdMONDEON 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county)

TION, REMOVAL (Specify) DATE RECEIVED BY

July 12/51

Loudon Park. 3801 Frederick Rd. Palto. 29 Md.

ADDRESS 1 4101 Edmondson

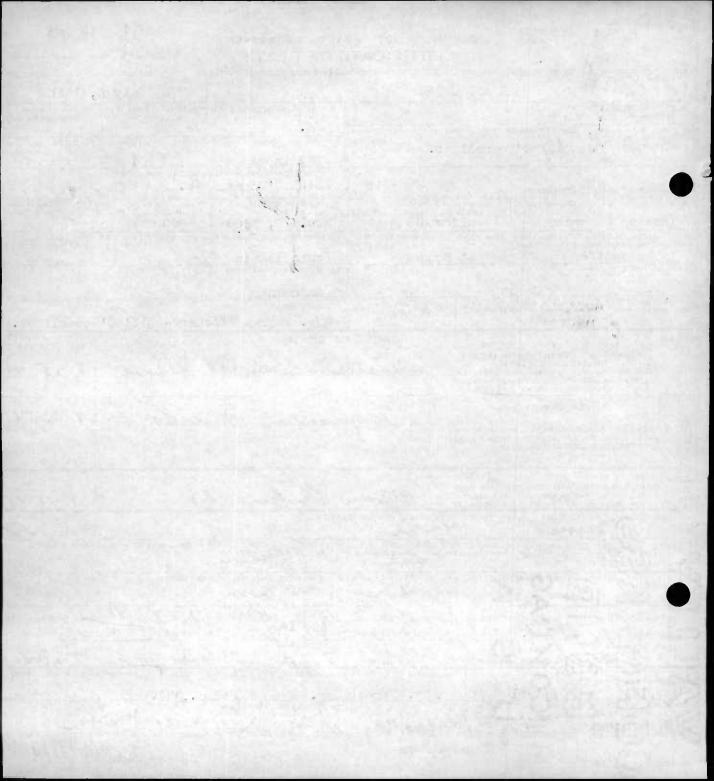
VS 150

ERTIFICATION

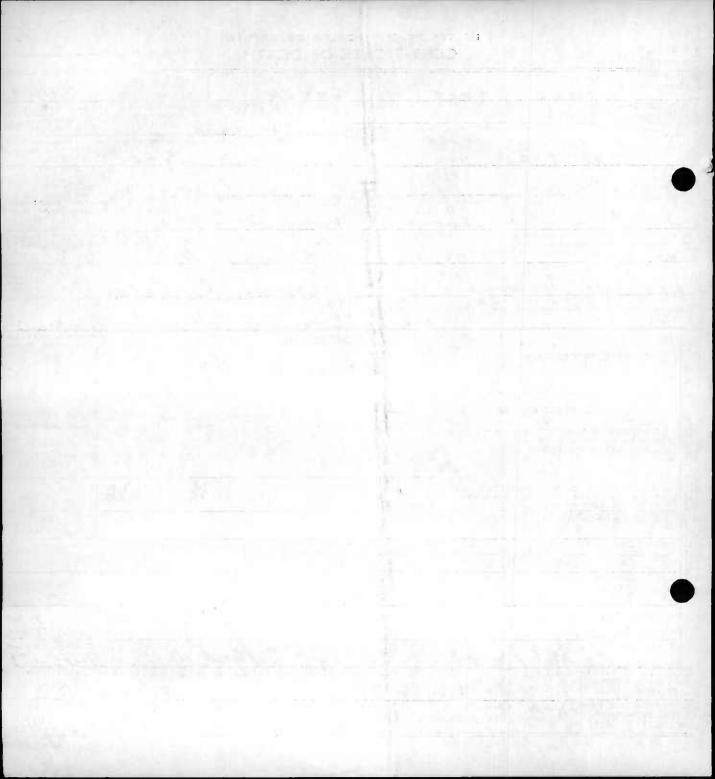
DICAL

THE WAR THE STREET 0... 0.0 THE CHIOSC STORY OF THE SERVE THE VENEZUE OF THE PARTY OF The same of the sa s fire and a size of the fire of the fire

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF I (Type or Print)		RY ANN	JOHNS		2. DATE	0 1051
3. PLACE OF I		TI AIVIN	OUINS	A USUAL BESIDENCE	DEATH OUL	y 8, 1951
A. Baltimore	A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admiss		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3131 O'Donnell St.			Md.			
			c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv township	
(N/C)				Baltimore	1-01	
			Yrs. Mos.	o. STREET ADDRESS		
	stay in Baltimore		Days			
5. SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours   Months   Days   Hours   Min.
female	white		dowed	Nov. 17, 1860		
10A. USUAL Of ork doos during most	CCUPATION (Give kind of tof working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
house	ewife	at	home	Pennsylvania		Wilking Gooding
13. FATHER'S	NAME			14. MOTHER'S MAIDE	NAME	
	Jone	8		unknown		
15. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
I es, oo or unknowo	(If yes, give war or date	s of service)	SECURITY NO.			O'Donnell St.
18. 4.			CALLOR		1301101 - 0101	INTERVAL BETWEEN
7)	SE OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH
RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	IG	rariol -	False J	7-2-51
TRIBUTING TO THE	SIGNIFICANT CONDI G TO THE CEATH, BUT DISEASE OR CONCITION OF OPERATION 1	NOT RELATE CAUSING 1	Ching	i Cholecys	teles	2-11-4
J ISA. DATE	nne	98. MAJOR	Thomas of OPER	ATION		20. AUTOPSY?
21A. ACCII	DENT WAS UNDER-	218 PL	ACE OF INJURY (e.g., ie	o or 21c. WHERE DID	(If in Baltimore City,	YES NO
LYING C	CONTRIBUTING DEATH		farm, story, street, office hldg., e			give exact isolation,
Σ	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
F INJURY		Albala	43			
		m.	WORK AT WORK			
22. I herei	by eertify that I att	ended the	deceased from	1999, to	7 - 8, 19	17, that I last saw th
deceased a	live on 12 - 7-	_, 19	and that death occur	red at / Am., fro	m the eauses and on	the date stated above
23A. SIGNA	TURE		2	38. ADDRESS, 842 8. East		23c. DATE SIGNED
12	Wichen	me 19	м. о.	892 p. Cas	or cont	7-10-51
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE Specify;		24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State)
Burial	7/11/51		Mt. Carmel	Cem.	Balto - AMd C	0
DATE RECEIVE LOCAL REGIST	TRAR	SSIGNATI		25 FUNERAL DIRECT	Tielener Y	ADDRESS
A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200		111	THE TOTAL STATE OF THE PARTY OF	77	1 MAT I
VS 150	.=-	19/1/2	The Millian Michigan out .	//	0-5/1.	111111

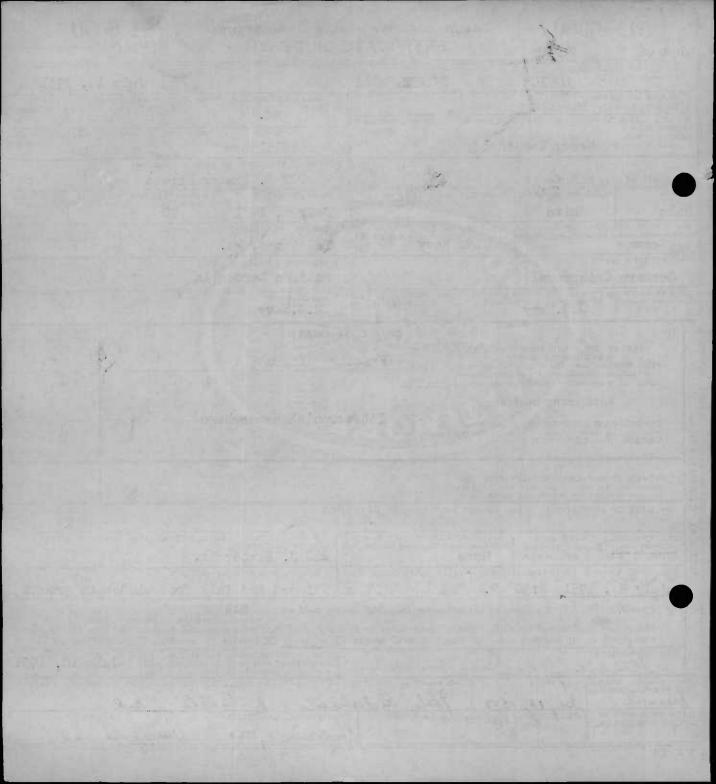


BIRTH NO. 1-356	CERTIFICAT	E OF DEATH	registereu re	0
1. NAME OF DECEASED (Type or Print)	12		2. DATE	
EMILY	PARET AT	WATER	DEATH JU	N 8 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission)
P FILL NAME OF (If not in hospit	tal or institution, give street address o	MARYLA		,
HOSPITAL OR SMITH CON	v. Ho ME location	c, CITY OR TOWN	lf outside corporate limits	, write RURAL and give township)
1301 PAR	IC AUE.		IMORE	township)
	77 Yrs.	o. STREET ADDRESS	f rural, give location)	
Length of stay in Baltimore	Days		PARK AU	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   fl last birthday) Mon	Under 1 Year   Il Under 24 Hours nths: Days   Hours: Min.
FW	SINGLE	Aug. 17, 1873	77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
AUTHOR	WRITER	Balleman	meg.	U.S.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	AME	
LEDYARD J.	ATWATER	ADALING	P. PARE	T
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS
No	Nove	CHARLES C.	ATWATER 16	11 BOLTON ST.
18. 19 = X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH
(This does not mean the mode	TH //A	coma -/	Would.	
heart failure, asthenia, etc. It mes	ans the disease,	4	Days	
		_	comore.	
ANTECEDENT CAU	SES (B)			
O DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	IF ANY, GIVING		***************************************	
RISE TO THE ABOVE CAUSE (A)				
O. I.				
II	(c)		. 6-4	
TRIBUTING TO THE OEATH, BUT	NOT RELATED			
194. DATE OF OPERATION	N CAUSING IT. 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
7				YES NO
U 214 ACCIDENT SUICIDE	218. PLACE OF INJURY (e. g.,		(If in Baltimore City, g	
HOMICIDE (Specify)	about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
210. TIME (Month) (Day) (Year	) (Hour)   21E. INJURY OCCUR	RED 21F. HOW DID INJUI	RY OCCUR?	
F INJURY	WHILE AT NOT WHILE			
	m.   WORK   AT WORK	1 10	L. D. Q . C	7
22. I hereby certify that I at	A decided the decodered j. one	ruly , 192 , to	ruy / S	that I last saw the
deceased alive on	19, and that death occu	23B. ADDRESS	the calises and on th	e date stated above.
25A. SIGNATURE	andle "	140 3 Pas	A ano	2-11-57
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMET	ERY OF CREMATORY   240.	LOCATION (City, town,	or county) (State)
BoniAL JULY 11.	1951 /Ras C 2	EEK CEM. L	I AMIHENET	au DC
	S SIGNATURE	25 FUNERAL DIRECTOR	D. W. C. W. C. L.	ADDRESS
	after Millianis, Mille -		4000	0 1/1
		GONCE & LYO	NS 4001 1	Circuia Hong
VS 150				550
				224



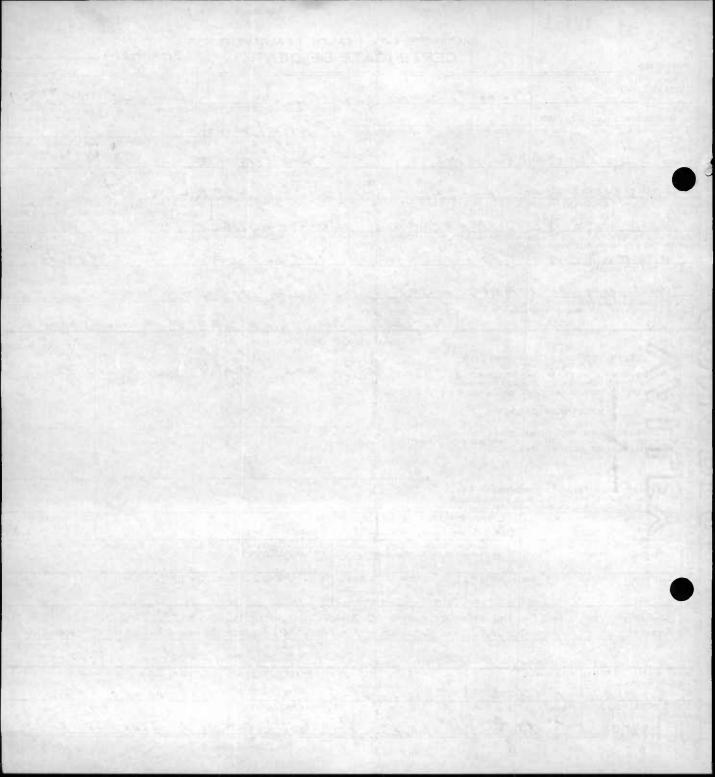
51	6060
1621	*****

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUTS CHTAPPARELLI July 10, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) Md. of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Mercy Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 222 S. Exeter Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Bader I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male White July 8. 1931 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Seaman U.S. Navy Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gennaro Chiapparelli Matilda Carosella 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO U.S. Navy yes INTERVAL BETWEEN CAUSE OF DEATH 902.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Intramanial henorphage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 CAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) 222 S. Exeter St. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED July 8 NOT WHILE Slipped and fell from window to ground WORK autopsy 2. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23C, DATE SIGNED ASSISTANT MEDICAL EXAMINER..... 1 23C, DATE SIGNED 1951 MEDICAL INVESTIGATOR ..... 24A, BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) REGISTRAR'S SIGNAT DATE RECEIVED BY 25/ FUNERAL DIRECTOR ADDRESS



11.	1. 1 2 han 3
O.L.	5051

15 8	20		EALTH DEPARTMENT		
	H NO.	CERTIFICAT	E OF DEATH	Registered N	0,
	ME OF DECEASED	1 1	-	2. DATE	,
(Type	or Print) W. LLIAM	Thomas N	AMES. LP.	DEATH A)46	V10.1951
	ACE OF DEATH: lltimore City, Maryland		4. USUAL RESIDENCE		petitution; residence before admission
	LL NAME OF (If not in hospital or inst.	tution, give street address or location		d	
	12221 BERLIN	C4	B- 1	f outside corporate limits	township
~	22) DERLIN	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Le	ength of stay in Baltimore	If Mos. Days		Ex Lin ST	+
5. SE		GLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   )	Under 1 Year   Il Under 24 Hours hths: Days   Hours   Min.
MA	ZLE WhitE M	ARRIED	JAMERY 28. 186:	50	iths Days Hours Min.
	JSUAL OCCUPATION (Give kind of 10B. K) seduring most of working life, even If retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
6	REENTER BY	ilding	MARYLANG		21. S. A
13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME /	L
h	ILLIAM T. DAMO		CLLEN A.	JELWAI	
(Yes, no	AS DECEASED EVER IN U. S. ARMED FORCES or unknown) (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS
	10 NONE	NONE.	MRS. Sophin M. Al	4MES 2221	BERLIN ST.
18	157X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH	LY	en in Aland	11/2 0100	160
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e, g., (A) COUC	cenous / year	of Janerias	- // 2.
	injury or complication which caused de		6		
_	ANTECEDENT CAUSES				RESIDENCE.
TION	DISEASES OR CONDITIONS, IF ANY, G	(B)	***************************************	***************************************	*****
I A	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
RTIFICA					
	H	(C)			****
Ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
19	A. DATE OF OPERATION   198 MAJ	G ITOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	3/12/0 00	inoma Head 8	7 Pancreas		YES NO X
EDICA HO		PLACE OF INJURY (e. gd., me, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
AE.	(optility)		1100111 0000111		
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJUR	Y OCCUR?	
	m	. WHILE AT NOT WHILE AT WORK			
2:	2. I hereby certify that I attended t	he deceased from Ma	reh 7, 1950, to	aly 10 , 1951	, that I last saw th
	eceased alive on July 10, 1951	, and that death occu	rred at Siso P.m., from t	the causes and on th	
23	BA. SIGNATURE		2436 Washington	Blad	230 DATE SIGNED
				word.	// 40/0/
24A.	BURIAL CREMA- 24B DATE	M. D.  -	7	OCATION (City, town,	r county) (State)
TION	BURIAL, CREMA- REMOVAL (Specify)	M. D.  -	ERY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE	REMOVAL (Specify)  ARIAL 7-13-5-/ RECEIVED BY   REGISTRAR'S SIGNA	24c. NAME OF CEMETE	PARK. B	OCATION (City, town,	Md
DATE	REMOVAL (Specify)  RIAL  7-13-5-  RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	24c. NAME OF CEMETE	PARK. B	ALTIMORE	ADDRESS
DATE	REMOVAL (Specify)  ORIAL 7-13-5/ RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR  11951	24c. NAME OF CEMETE	PARK. B	ALTIMORE	Md



Commissioner of Heal

25 FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

160a

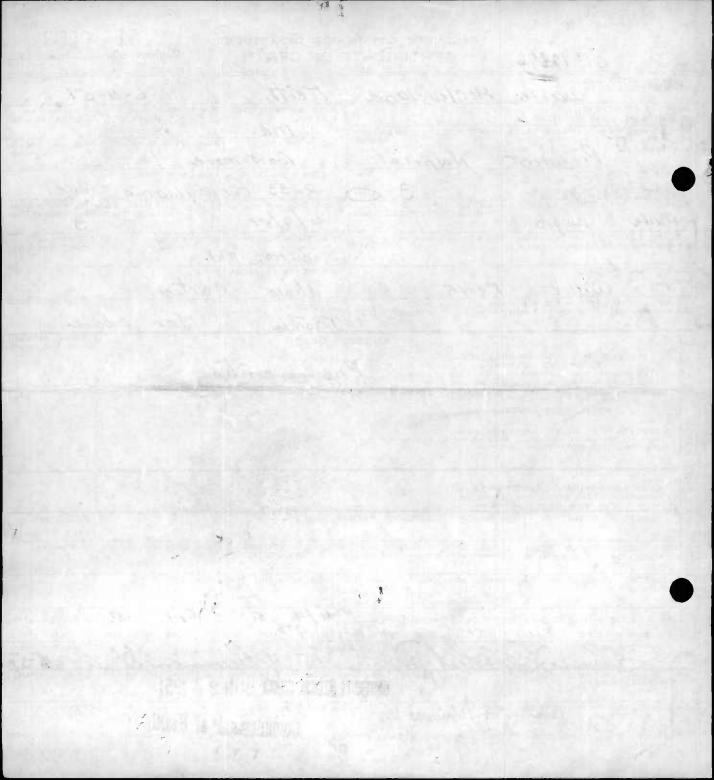
6-27-51

ADDRESS

24D. LOCATION (City, town, or county)

### THE RESERVE OF STATE OF STATE

BIRTH NO. 21' 12876	CERTIFICATI	E OF DEATH	Registere	d No
1. NAME OF DECEASED (Type or Print)  Walter McC	leveland	Keith	2. DATE OF DEATH 6	-11-5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	7	4. USUAL RESIDENCE (	1	l. If institution; residence
B. FULL NAME OF (If not in hospital or institut		ma.	B. COONT	before aumission)
HOSPITAL OR INSTITUTION	location)	2	111	imits, write RURAL and give
Provident 1	ospital	Baitimo		-03
anoth of stay in Politican	Yrs. Mos.	2222 []	f rural, give location	0
	Days Days	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Year   If Under 24 Hours
male Nego WIDOW	/ED, DIVORCED (Specify)	6/9/51	last birthday)	Months Days Hours Min.
	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work a door during most of working mo, even it restress)	INDUSTRY	13a40., M	J.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	,	
willie Keil	<b>ゲ</b>	Viola (	arter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
		Mother	Vee	A BOUL
LEADING TO DEATH  (This does not mean the mode of dying, e. a heart failure, asthenia, etc. It means the disease in jury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(B)	nemoniti	2	
	FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about home.  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  FINJURY  m.	ACE OF INJURY (e.g., if farm, fectory, atreet, office bldg., creating the street of th	ED 21F. HOW DID INJUR	RY OCCUR?	ty, give exact location)
22. I hereby certify that I attended the		red at 9 48. m., from		957, that I last saw the
23A. SIGNATURE	M. D.	RY OR CREMATIONY 240.	LOCATION (HI), to	23C. DATE SIGNED
DATE RECEIVED BY REGISTRA'S GONA	Manie, H. E. S.	25. FUNERAL DIRECTOR	e of Health	ADDRESS
VS 150	proposition make to	1.1.		1098



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6064

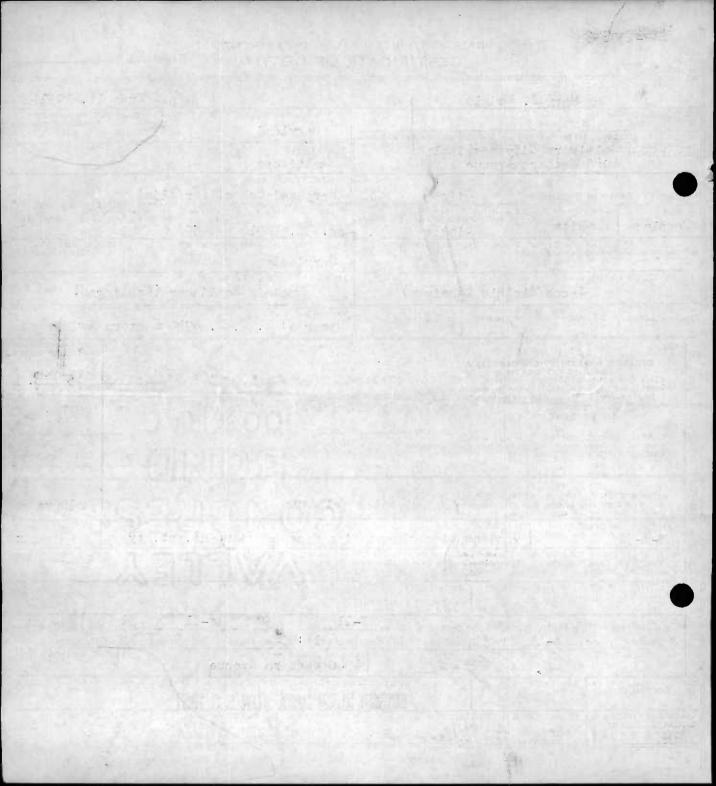
Registered No ... 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 21, 1951 Baby Boy Watkins DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3009 Thrasher Court Fairfield Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 3009 Thrasher Court Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours - Min. Male June 21, 1951 Colored infant 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Fairfield, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Margaret Johnson Earnest Wilson Watkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) SECURITY NO. Mr. Earnest Watkins-3009 Thrasher Court INTERVAL BETWEEN 18. CAUSE OF DEATH 62.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Atelectasis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) ō about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED FINJURY WHILE ATT NOT WHILE 6-21- 1951 to 6-21- 19 51 that I last saw the 22. I hereby certify that I attended the deceased from 6-21-19 and that death occurred at 11:50Am, from the causes and on the date stated above. deceased alive\_on\_ 238 ADDRESS 23c. DATE SIGNED 203 Patapsco Ave. 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNA 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1 timber of VS 150 A STATE OF THE PARTY OF THE PAR

		adilacing as	Salara.	
Tall all bards				
	n-ten			
the second of the second second				
				•

	RE.	A-1	3963	36-4
0	11	0		T
BIRT	-			

CERTIFICATE OF DEATH

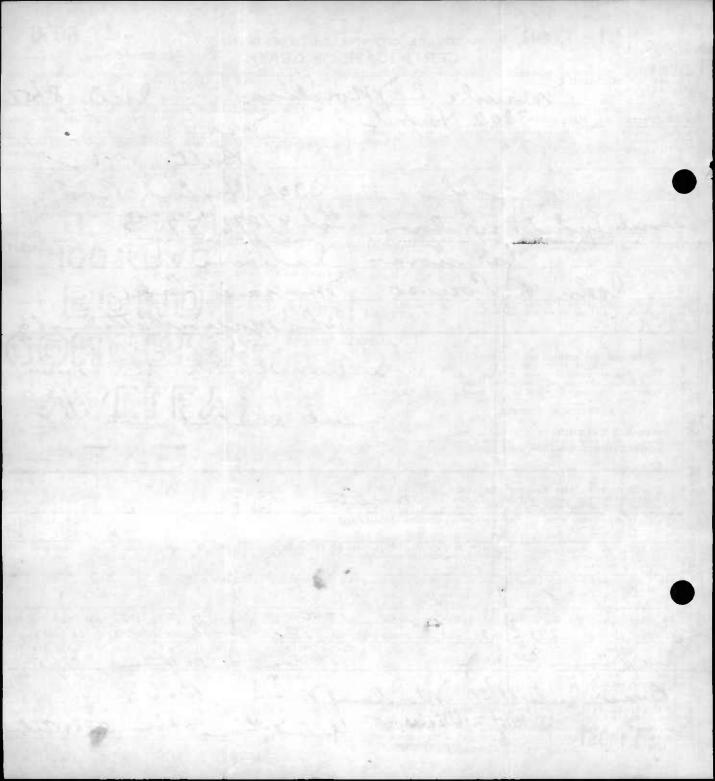
BI	RTH NO.						
1. NAME OF DECEASED (Type or Print) Mary J. Weigle						2. DATE OF	11, 1951
	PLACE OF E		"e 1g1e		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution, give street address or			Wa me land				
HOSPITAL OR Baltimore City Hospitals location)							
IN	4940 Eastern Avenue			Baltimore 27-05 townsh			
7		1710 -0.00211		Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore	L	ife Mos.	Maryland School		
-	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Your if Bader 24 Hours https://doi.org/10.1001/19.1001
20	emale	White			Pec. 30, 1891	59	ALUM S ALUM S
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country	12. CITIZEN OF
worl	done during most	of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ANE	
		Jacob Sle	Jara 1	Shairla)		linger (Kepl:	ingen)
			_		= ucinda dep	Truger (mehr.	mgen,
(Ye	, was deceas , no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H		odress rn Avenue
	18. / /. /	,		CALLOR	05 554511		INTERVAL BETWEEN
	4	3 X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT	TH .				
	(This does	not mean the mode o	f dying, e. g	(A) Werebro	vascular Accident.		15 min.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	Hypertensive Cardiovascular Disease					loyrs.	
z							
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO					***************************************	
1	UNDERL	YING CONDITION LA	ST.	HE OUE TO			
ERTIFICATION	(C)						******
L		11					
R		SIGNIFICANT CONDI		V. Dishatas	Mellitus		30
O		TO THE OEATH, BUT			rellions	***:***********************************	10yrs
Ĭ.	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERAT						20. AUTOPSY?
A	9-8-50		ondens	ation of anter	ior face of vitre	ous, rt. eye	YES NO
MEDICAL	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or Lying OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				ive exact location)		
Σ	CAUSE OF DEATH				ED SIE HOW DID IN HER	, occupa	
	F INJURY	ME (Month) (Dny) (Year) (Hour) 21E. INJURY OCCURR					
h	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 7-11 , 1950, to 6-11 , 1951, that I last so					that I last saw th	
	deceased alive on 6-11, 19 51, and that death occurred at 11:40Pm., from the causes and on the do					e date stated above	
						23c. DATE SIGNED	
	204, 010/11	1.6.	Chr		1940 Eastern Avenu	le	200. 21112 010112
24	A. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or county) (State)
110	JN, REMOVAL (	Specify		TO THE PARTY	MEDICAL SCHOOL HILLS	2 1951	
D	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATI	JRE WHITEMAN	25. FUNERAL DIRECTOR	2 1991	ADDRESS
	CAL REGIST		1	15 11 11	Clammay and amount of	Month	
		951	8/5× /1/	Muller, My	A DOMESTIC OF	Thirtin	
	VS 150		& Sanda	(13)	4.93	4 4 1	61



# N.63 51 6066 BALTIMORE CITY HEALTH DEPARTMENT

51 6066

PIPTU NO	CERTIFICATI	E OF DEATH	Registered N	0.———		
1. NAME OF DECEASED (			2. DATE			
(Type or Print)	1. 8 m	ordica	OF ()	0 8/50		
3. PLACE OF DEATH:	11 11		Where deceased lived, If i	nstitution: residence		
A. Baltimore City, Maryland 3302	Norford	A. STATE	B. COUNTY	before admission)		
HOSPITAL OR	itution, give greet address or location)	c. CITY OR TOWN (I	f outside corporate limits	write RURAL and give		
INSTITUTION		B	alt. 9.	township)		
	Yrs.	D. STREET ADDRESS (I	rural, give location			
Length of stay in Baltimore	Mos.	3300 1/	1-11	P0		
5. SEX 6. COLOR OR RACE 7. SIN		8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours		
Length ). I & WID	OWED, DIVORCED (Specify)	2691841	last birthday) Mor	ths Days Hours Min.		
IOA. USUAL OCCUPATION (Give kind of   IOB. K	IND OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF		
work done during most of worklog life, even if retired)	INDUSTRY	0 0		WHAT COUNTRY?		
13. FATHER'S NAME	mom	14. MOTHER'S MAIDEN N	JAME -			
OP RJ	200	ma.	6 P C			
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7   16. SOCIAL	margare	o care			
(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	1 Drawn	ON PT	DRESS		
	21112	John Mars	con our	INTERVAL BETWEEN		
18. 332 X I		ØF DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DIRECT	LY	1. 1 .71.	1: +	1		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e. g., (A)	had onem	man jen	1 hers		
injury or complication which caused de						
ANTECEDENT CAUSES		1 1 -0	_ /			
Z	(B) Me	led Bleen	land arthur	<b>4</b>		
O DISEASES OR CONDITIONS, IF ANY, G						
UNDERLYING CONDITION LAST.						
<u>U</u>	(C)		***************************************			
E II						
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL		ten		400 1152		
TO THE DISEASE OR CONDITION CAUSIN		V.				
	OR FINDINGS OF OPER	ATION		20. AUTOPSY?		
V 21 ACCIPENT WAS UNDER 1 21B	PLACE OF INJURY (e.g., i	B or   21c. WHERE DID	(If in Baltimore City, g	YES NO L		
LYING OR CONTRIBUTING   about he	me, farm, factory, street, office bldg.,		(it in barmore orly, s	ive exact rocation,		
E CAUSE OF BEATH	Lore things occurs	ED 21F. HOW DID INJUR	V OCCUP?			
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	10075	TY OCCOR?			
m	. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended t	22. I hereby certify that I attended the deceased from 1946, 19, to 7/8, 195/, that I last saw the					
deceased alive on 7/7 195	and that death occur	red at 2 20 m., from	the causes and on th	e date stated above.		
23A. SIGNATURE		38. ADDRESS		23c. DATE SIGNED		
W. H. Lourskind	M. D.	14 E Eozu st	Bellinare	7/9/5/		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) / (State)		
Burg 11/5	7 M - 0 -	I Man	Dail			
DATE RECEIVED BY LARGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR	I'mand Mill	488 14	10 Home	2008 Cal.		
111111951	Control of the second s	The same				
Ind Igo 100 . Dalaber	Self Supplied to the supplied	2011 257		of a n		

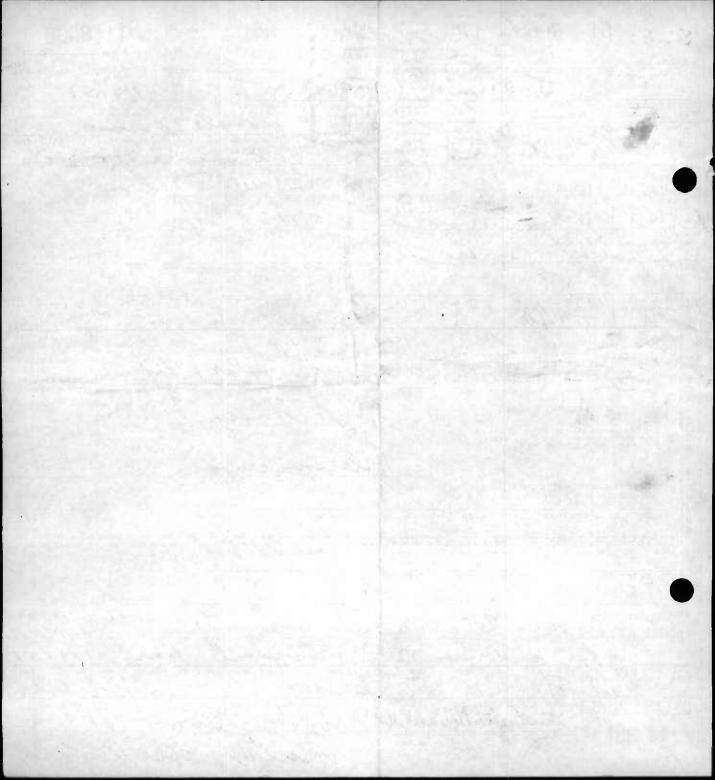


22.5				
51 6067 BALTIMORE CITY HEALTH DEPARTMENT 51	6067			
CERTIFICATE OF DEATH Registered No.	/ //			
1. NAME OF DECEASED (Type or Print) NOWUS MUSLISON  OF OF THE OFT THE OTT THE OFT THE OFT THE OFT THE OTT THE	9/5-1			
3. PLACE OF DEATH:   4. USUAL RESIDENCE (Where deceased lived of inst	ituzion: residence			
B. FULL NAME OF (If not is hospital or institution, give street address or	/ before admission)			
HOSPITARIES (If outside corporate limbs, w	rite RURAL and give (Overship)			
c. Length of stay in Baltimore  25 Yrs. Mos. Days  25 Yrs. STREET ADDRESS (If rural, give location)	7			
5. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years   I lind with month   1. Specify)   1. Specify   1.	l Year If Under 24 Hours Days Hours Min.			
10. USUAL OCCUBATION (Give kind of work the during most of white process of work the during most of white gife even if retired)  10. USUAL OCCUBATION (Give kind of work the process of work the process of work the process of the pro	CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	,			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no Many own) (If yes, give war or dates of service) SECURITY NO. Jany Muliser ADDI	RESS 79-			
18. 442 CAUSE OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	***************************************			
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)	***************************************			
, 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS //			
21a. ACCIDENT WAS UNDER 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)			
LYING OR CONTRIBUTING about home, farm, fectory, street, office bidg., etc.) INJURY OCCUR?				
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
m.   WORK   AT WORK				
deccased alive on 5 3 195 and that death occurred at m., from the causes and on the	hat I last saw the late stated above.			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3c. DATE SIGNED			
240) BURIAL, CREMA- 24B, DATE 2 24C. NAME OF GEMETERY DR CREMATORY 24B, LOCATION (City, town) of TORREMOVAL, CREMATORY 24B, LOCATION (City, town) of TORREMOVAL, CREMATORY 24B, LOCATION (City, town) of the Company of	county)// State			
Julian 1/15/01 1/1001 Culturally Celling 14000 14000				
LOCAL REGISTRAR  REGISTRAR 25 NAT RELIGION ALL STREET A	918-			
VS 150 77074 plund Hell C	ue, 310			

MAdISON

51 6068

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOHNSON, GEORGE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COMNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION sownship) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, BIRTH It Under 1 Year 9. AGE the years H Under 24 Bours VIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Mannes 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTR 13. FATHER'S NAME mp. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. 331X INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CAL YES 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 22. I hereby earlify that I attended the deceased from. . 195 that I last saw the Am., from the causes and on the date stated above. 1951, and that death occurred at\_ deceased alive on 7/ CREMA-THE REMOVAL (Spec) 24B, DATE 24c. NAME OF CEMPTERY 24DALOCA DATE RECEIVED BY LOCAL REGISTRAR 10 77 7 WW P



1/00 51 6069						
B/	ALTIMORE CITY HE	ALTH DEPARTMENT		51 6069		
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	No		
1. NAME OF DECEASED (Type or Print)	Horres	0	2. DATE OF DEATH	26,195		
3. PLACE OF DEATH: A. Baltimore City, Maryland Osler	, 2	4. USUAL RESIDENCE		f institution : residence before admission)		
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR JOHNS HOPKINS	ution, give street address or location)	c. CITY OF TOWN	If outside corporate limi	ts, write RURAL and give		
	Yrs. Mos.	D. STREET ADDRESS (	If rural give location	-00		
5. SEX 16. OF OR RACE 7. SING	Days	4/4 /12	valle	10 SET		
	LE MARRIED. DVED, DIVORCED (Specify)	5-/- 05		Il Under 1 Year If Under 24 Hours onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTY PLACE (Stote or	foreign (buntry)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME D	P		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	1 16, SOCIAL	17. INFORMANT	rovi	nson		
(Yes, no or anknown) (If yes, give war or dates of service)	SECURITY NO.		OPKINS HOSP	ADDRESS		
18. /63 ×	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTL	DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase,	roma of tr	e-ming	7453		
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES Z (B)						
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING					
CHECKETHIS CONDITION LAST.	(C)	***************************************	. *************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELA	TED					
19a. DATE OF OPERATION   19b. MAJO	R FINDINGS OF OPER	ATION		20. AUTUPSY?		
21A. ACCIDENT WAS UNDER 21B. P LYING OR CONTRIBUTING about hom				YES NO V		
21a. ACCIDENT WAS UNDER:  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
SID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	21F. HOW DID INJUI	RY OCCUR?			
m.	WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 6 / 5 5195/, to 6 / 2 6, 19 1, that I l						
deceased alive on 2 , 1951	, and that death occur			he date stated above.		
Jemial a la	ande IS M. D.	38. ADDRESS THE JOHNS HOPK	INS HOSPITAL	6/20/87		
244 BURHAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 24D.	LOCATION (City, town	, or county) (State)		
		ACUSTIC MEDICAL SCHOOL	IUN 2 0 1951			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNA	VIS.	25. FUNERAL DIRECTOR	G Health O	ADDRESS		
JUL 1 1 1951	- 11 Mana Ma	KÜÜLULIALI,	L of Dearm			
VS 150	· Segregal Springer			47)		

(S

type the first of the second Elmet & Brend

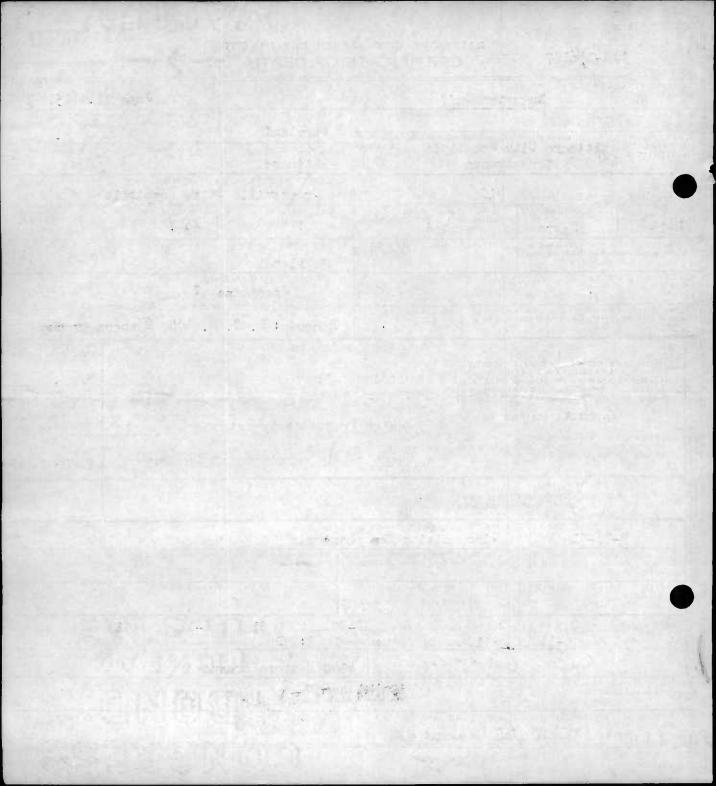
LOCAL REGISTRAR

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REA-146127 Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Augustus Duff June 11. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and rive INSTITUTION 4940 Eastern Avenue township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life Crownsville State Hospitals ength of stay in Baltimore Davs 9. AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WILDWED, DIVORCED (Specify) 6 COLOR OF RACE Male 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH 610X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardiac Failure (This does not mean the mode of dying, e.g., heart failure, nsthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Benign Prostatic hypertrophy vears RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Questionable carcinoma of Esophagus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Circumcision for pheniosis 12en is chisis 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 2-20 , 19 51 to 6-11 , 19 51 that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_\_ deceased alive on 6-11 1951, and that death occurred at 8:15Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE

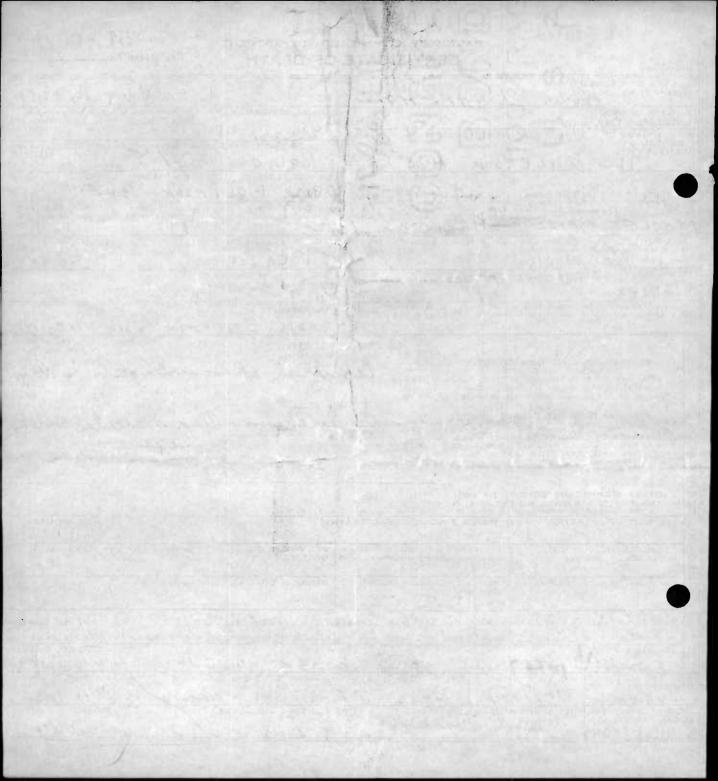
THE RESERVE OF THE PARTY OF THE



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6071 Registered No.

	IRTH NO.					
	NAME OF DECEASED ROSA BRAFFHAN	2. DATE OF VULY 10, 1951				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)				
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)					
	NSTITUTION	township)				
	1912 WALBROOK HUE	D. STREET ADDRESS (If rural, give location)				
	amounts of store to D. 111	2912 Walbrook AUE				
5	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours				
_	EMQUE WHITE WIDOWED DIVORCED (Specify)	last birthday) Months Days Hours Min.				
MOL	DA. USUAL OCCUPATION (Give kind of Lobert Management of Working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
_	HOUSE WORK	TOLAND U.S. 9				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	ISRAEL	Chiq				
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL se, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
		HARRIS BRAFFHAN- 2912 WALBROOK A				
	18. 443 X , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY					
	(This does not mean the mode of dying, e.g., (A)	rebral Hemosshage 5 days				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES					
Z	(B) Affreseusen Cardiovalcula andet.					
10	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
CA	UNDERLYING CONDITION LAST.					
F	(C)					
RT	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
CA		YES NO				
EDICA	21a. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?					
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
L	MHILE AT WORK NOT WHILE AT WORK AT WORK					
	1. 1. 10 0					
	deceased alive on July 9, 1951, and that death occurred at 8:22 m., from the causes and on the date stated above.					
		23B. ADDRESS / 23C. DATE SIGNED				
	( Bradley Daugharthy MU.D.	3033 N NISTA are Jaly 10, 1951				
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
11	BURIQU 7/11/1951 Wash. R	of. Bonero (M1)				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR				
-	IIII 1 1 1081 tustington // Winanter Man	ack Jeurs Inc. 2100 Euten Pl				
	VS 150					
	7204	A 939				



В	RTH NO.	CERTIFICATE	E OF DEATH	Registered No.	
	NAME OF DECEASED  Spe or Print)  BARNEY	LIPSITZ		2. DATE OF DEATH VULY	10, 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	nere deceased lived, If ins	titution: residence before admission)
H	FULL NAME OF (If not in hospital o OSPITAL OR ISTITUTION /	or institution, give street address or location)	c. CITY OR TOWN (If or	utside corporate limits,	yrite RURAL and give
	4007 WAR	BASH AUE	13940	13-1	township)
		Yrs.	11	aral, give location)	
	Length of stay in Baltimore SEX [6.COLOR OR RACE] 7.	SINGLE, MARRIED.	B. DATE OF BIRTH		der 1 Yeur   R Undar 24 Heurs
/	YULE WHITE	WIDOWED, DIVORCED (Specify)  M9991E1)	C. DATE OF BIRTH		Bays Hours Min.
	A. USUAL OCCUPATION (Give kind of the second during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)   12	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	0.7,
	Harry		Chiq		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FO , no or unknown) (If yes, give wer or dates of	ORCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT	ADD	RESS
<u> </u>		3200	ERNA LIPSITZ.	- 4007 Wa	18954 AUE
RTIFICATION	DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  CAUSE OF DEATH  Parkinson's Disease  (A) Parkinson's Disease  (B) DUE TO  (B) DUE TO				
CEI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	T RELATED	•••••		
	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL					
Σ	ID. TIME (Month) (Day) (Year) (H.	Tour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from Jan. 7. , 1946, to July 10 , 1951 that I last saw the deceased alive on July 10, 1951, and that death occurred at 9:20 fm., from the causes and on the date stated above.				
	23A. SIGNATURE	Lever M.D. 3	218 E. University F	Plowy.	July 10, 19
TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C, NAME OF CEMETE	1 0 1 - 1 00 1	CATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S S	1 (3/16 x	25. FUNERAL DIRECTOR	- 2100 &	Taw PL
	VS 150	Mary State Company of the Company	-> 1/		×n.

1186 Thursendy Porter of

51 6073

DI	DTU	NIO

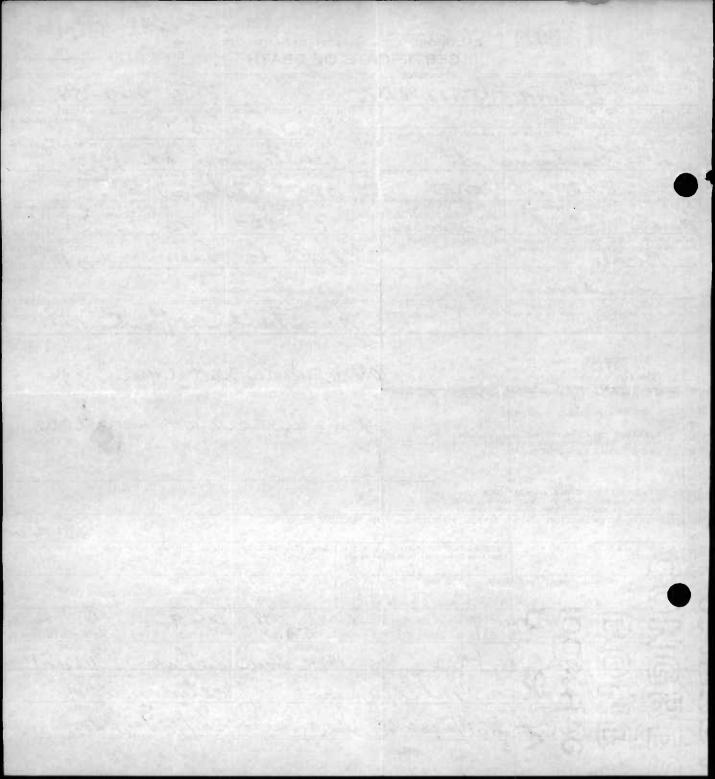
	10			CERTIFICA	TE OF DEATH	4 Registered	l No.
-	RTH NO.						
(T	NAME OF D	574	VIA	Hoc	HBERG	2. DATE OF DEATH	-10-51
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HO	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution	on, give street address location	or n) c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
IN	STITUTION	76-2 /1	1.00	a Time	12001		( white to KAL and give
		000 000	ruce	Yrs	D. STREET ADDRE	SS (If rural, give location)	-1-10
0.	Length of s	tay in Baltimore		37 No.	-1.7/-7/	reelle 1	lve
2	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (in years Law hirthday)	It Under I Year   II Under 24 Hours Months Days Hours Min.
6	mence	white	w	dow	1	16	
7	Volume 1	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	AME //			14. MOTHER'S MAI	DEN NAME	
1	atta	au			Heale		
15 Yes	, was DECEASI	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO	Such Ho	chkera -	ADDRESS
	18. 42	0.1	<b>W</b>	CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		P	11. Vo.	CHO DEATH
	(This does	LEADING TO DEA	of dying, e. g.	, (A)	coronary	Ancomos	> areas
	heart failt	are, asthenia, etc. It me complication which	ans the disease		-	1 16	
3	21/M	ANTECEDENT CAL		/-	Spertenser	+ Caraco de	2 years
Z	DISTINCT			(B)	cua	Vising	
=	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A	) STATING TH	E DUE TO			
8	UNDERL	YING CONDITION I	AST.				
L		П		(C)	•		
2		SIGNIFICANT CONE					
		G TO THE DEATH, BUT					
,				FINDINGS OF OF	ERATION		20. AUTOPSY?
Y.		ALC: LEGIS I					YES NO
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. 1 arm, factory, street, office blo	g.,etc.) 21c. WHERE D INJURY OCCUI	ID (If in Baltimore City R?	7, give exact location)
Σ		(Month) (Day) (Year	(Hour) 2	TE. INJURY OCCUI	RED 21F. HOW DID	INJURY OCCUR?	
	INJURY			WORK NOT WHE	LE		
	22 I hanah	as contifer that I ad			from 2 10th	1 July 10 10	51, that I last saw th
	deceased a	live on		and that death de	urred at 4 4 9m	from the causes and on	
	23A. 5/15NA		7	70 0	238. ADDREA3	+ 10	25C DATE S GNED
	1/1	anitel L	ein.	1. N. M. D.	4818 News	ession ren	1 July 11/3"
24 TI	BURIAL	CREMA- 24B. DATE	2	4C NAME OF CEME	TERY OR CREMATORY	24D. LOCATION Wity, to	wn, or county) (State)
-	Mura	C /- 12.	- J /	1111 00	AS FUNERAL DID	ECTOR:	ADDRESS
	ATE RECEIVE DCAL REGIST		SHOWATO	Mantes Hall 5	25. FUNERAL DIRI	1 00 Z100 1	Section Pl
	VS 150	#S1 == 1	( \$ = \$43 ph (r)	- me all soft in the service of	1		025

Lord Person you the france Red Jaga

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6074

1	160		CERTIFICA	TE OF DEATH	Registered I	Vo
=	RTH NO.					
1. (T	NAME OF D	Emma	GAITHE	2	2. DATE OF DEATH 7-	9-51.
A.		City, Maryland		A. STATE	E (Where deceased lived. If	mstitution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	(If not in hospit	al or institution, give street address locat	on) c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
	190 /	was said	w.		ne 17.	1400
	length of s	tay in Baltimore	VEARS M	D. STREET ADDRESS  335 TALL	(If rural, give location)	<i>f</i> .
5/1	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	eify) 8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under I Year I Under 24 Hours Limits Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OF		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME		14. MOTHER'S MAIDE	NNAME	0.3.77.
	u	4		unkur	ore!	
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY N	17. INFORMANT	le. 335 Person	DDRESS
	18. 1	A	CAUS	E OF DEATH		INTERVAL BETWEE
	11	SE OR CONDITION				ONSET AND DEAT
		LEADING TO DEA	TH fire	torione broting.	Tracest liverio	3011
	heart failu	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g., (A)	WE THE THE SEAL THE LAKE	.V.XUXXXCXXXXCVVXX	- qui
	injury or	complication which	caused death.) DUE TO			
		ANTECEDENT CAUS	SES	0	. 1 0	
Z			(B)	The Me Delivered Syling	"All rioreleson	> 910
TIO		S OR CONDITIONS, I THE ABOVE CAUSE (A)				
A		YING CONDITION LA				
01:						Market Committee
ERTIF		11	(C)			
œ	OTHER S	G TO THE DEATH, BUT	ITIONS CON-			3.4.011
CE		DISEASE OR CONDITION				
J	19A. DATE C	F OPERATION 1	19B, MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
Y						YES NO
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)	21B. PLACE OF INJURY (e about home, farm, factory, street, office h		(If in Baltimore City,	give exact location)
Σ	210. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCU		JURY OCCUR?	
L			m. WORK AT WO	RK	- A - H	
	22. I hereb	y certify that I att	tended the deceased from	/ lov. , 1949, to	July 9 , 193	I, that I last saw th
	deceased a	live on the 8	19 J. and that death of	curred at JA. m., fro	ord the causes and on t	he date stated above
	23A. SIGNA		0.0	23B. ADDRESS		23c. DATE SIGNED
	1 5 1	Brule	D. Carr M.D.	1427 Mount	use live	7,10,51
2.			24C. NAME OF CEM	ETERY OR CREMATORY 24	4D LOCATION (City, town	, or county) (State)
	THE REMOVAL (S	2- 11-	51 mt. Qu	burnes /	Jallense.	md.
D	ATE RECEIVE	D BY   REGISTRAR	'S SIGNATURE . !	1 25. FUNERAL DIRECT	QR O L	ADDRESS
L	CAL REGIST	RAR	An Hilliams 4. #	and to land	& GIL PELLE	AJE
	1111	1	LEVEL I IMMENIE	Was. M. VACHS6	יייייייייייייייייייייייייייייייייייייי	1.064
4	VS 150		The substitution of the state of			025



-6551 6075

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 6075

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)  ALEXA	INDER	PAUL	BRO	WN	2. DATE OF DEATH	7 10, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		1,100	DITO	4. USUAL RESIDENCE (	Where deceased lived.	before admission)
B. FULL NAME OF (If not in h		tion, give street a		maryland	Baltimo	y city
HOSPITAL OR	2	1/ /.	location)	C. CITY OR TOWN (I	f outside corporate lim	its, write KURAL and give
	morial	Hospite	al	Baltimore	14-	township)
			Yrs.	D. STREET ADDRESS (I	f rural, give location)	
ength of stay in Baltimo		3 yrs	Mos. Days	1512 Park	ave	
5. SEX 6. COLOR OR R		E. MARRIED, VED, DIVORCED	(Specify)	8 DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours fonths Days Hours Min.
M	M	idonel	,	Sept 25, 1871	79	A S S S S S S S S S S S S S S S S S S S
10A. USUAL OCCUPATION (Give I work done during most of working life, even if re	uind of 10B. KINI		S OR DUSTRY	19. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN	SODA F	MATTERNAL	Foun	T mangla	nd	United State
13. FATHER'S NAME	0		400	14. MOTHER'S MALDEN N	NAME	
William H.	Brown	^		Martha	Robbe	
15. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL	V NO	17. INFORMANT	0 1/	ADDRESS P. AL
unknown		SECURIT	i NO.	Mrs Reginal	1 Smith (da	nepty my
18. 442m 1		C	AUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDIT	ION DIRECTIV		0.			ONSET AND DEATH
LEADING TO (This does not mean the m	DEATH		Wr	emia		
heart failure, asthenia, etc. I	t means the disea	se,			***************************************	
injury or complication wh	ich caused deat	h.) DUE TO		. 00	1 .1 .	
ANTECEDENT	CAUSES	H	CV	D and Myon	cardial Infar	to
DISEASES OR CONDITIO	NS, IF ANY, GIVE	(B)		A	- July	
	(A) STATING T	HE DUE TO				
0						
OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH,		(C)				
OTHER SIGNIFICANT C						THE REPORT OF THE
TRIBUTING TO THE DEATH, TO THE DISEASE OR COND						
19A. DATE OF OPERATION	198, MAJOR	FINDINGS O	F OPER	ATION		20. AUTOPSY?
S ASSIDENT SUISIDE	1 212 21	AGE OF INVEST		L Die MUEDE DIE	(I.e. i - D-lain - G'	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY farm, factory, street, o			(If in Baltimore City,	give exact location)
W						
F INJURY (Month) (Day) (	Year) (Hour)	21E. INJURY O		ED 21F. HOW DID INJUR	Y OCCUR?	
	m.	WHILE AT N	OT WHILE			
22. I hereby certify that.	Lattended the	deceased from	n -	30 - 5719 to	1-10-57,19	_, that I last saw the
deceased alive on A	0-,1957.	and that deat		red ats - A m., from		the date stated above.
23A. SIGNATURE	0	7.1		3B, ADDRESS		23 DATE SIGNED
um	R 4.	Tora.	M. D.	MUN- Menno	MA HOLD.	-10-3
24A. BURIAL, CREMA- 24B. DA	TE OF	24c. NAME OF	EMETE	RY OR CREMATORY 24D. I	LOCATION (City, tow	n, or county) (State)
BURIAL MULY	12,1951	HESTHU	T G2	OUE 14A	CKSONVILL	E MD.
DATE RECEIVED BY REGISTI	RAR'S SIGNAT	IRE .	11	25 FUNERAL DIRECTOR	h & OA	ADDRESS
JIII 1 1 1954	wegter //	Manus, Mil	R.	H.W. JENKINGE	Son 6 49	05 YARK KD
VS 150		and the subtract of a	5			A C

# TE THE CONTRACT OF THE SECOND SECOND

	HTANC BO !!			
Charles L. L. L.				
	,			
		4		

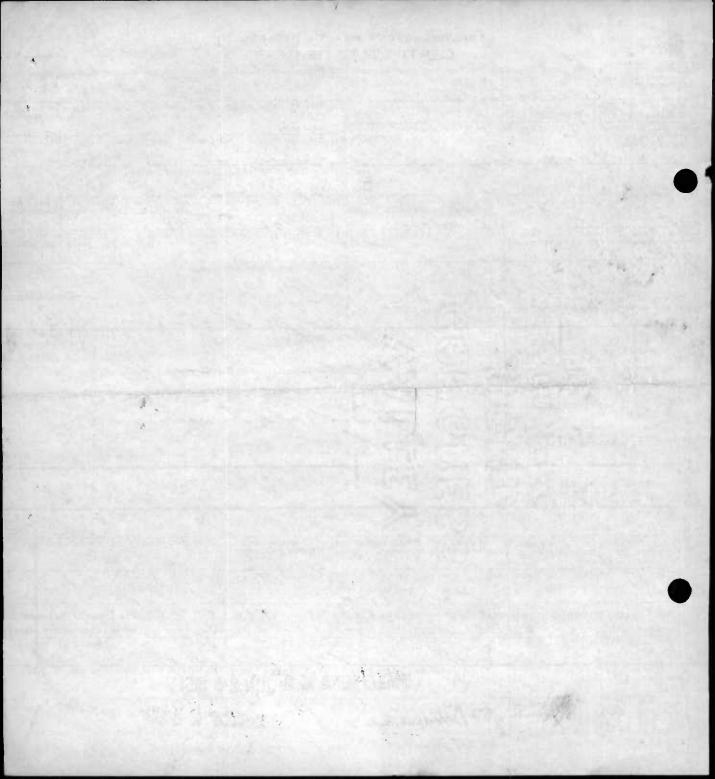
51 8078

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF I	DECEASED				2. DATE	70 70#7
(Type or Print)	Lucille	le, 16	64		OF JUN	e 19, 1951
3. PLACE OF I				4. USUAL RESIDENCE A. STATE		If institution: residence before admission
B. FULL NAME	OF (If not in hospit	al or institut:	ion, give street address or			
HOSPITAL OR		,,	location)		(If outside corporate lim	its, write RURAL and glv township
	MERCHI	056		Balfo.		
			Yrs.	D. STREET ADDRESS	01	
Length of	stay in Baltimore	7 SINGLE	Days	8. DATE OF BIRTH		Manager 1 Manage
J. JLX	O.COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	- / /	9. AGE (In years last birthday)	fonths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
work dane during most	inf working life, even if retired)		INDUSTRY	1/2		WHAT COUNTRY
13. FATHER'S	NAME	I		14. MOTHER'S MAIDEN	NAME	1
	Not ke			11-6		
15. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	oney	ADDRESS
(Yes, no or unknown	(If yes, give war nr date	s or service)	SECURITY NO.	Mach. K.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. 2 3			CAUSE	OF DEATH	260-00	INTERVAL BETWEEN
23	SE OR CONDITION	DIRECTIV	CAUSE	OI DEATH		DNSET AND DEATH
	LEADING TO DEA	TH	Pa	heal Ho	/	
heart fail	s not mean the mode oure, asthenia, etc. It mea	ns the discase	e,	N. S.	and askag	
injury or	complication which o	aused death	.) OUE TO			
	ANTECEDENT CAUS	SES		aly if a to	1. /	
O DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	IG /	as of all	no relevous	2
F RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
UNDERL			(C)	***************************************		
L L	11					
	SIGNIFICANT CONDI					Aug San
TRIBUTIN	DISEASE OR CONDITION	CAUSING I	т			
	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
ZIA. ACCII	DENT WAS UNDER-	21B, PLA	CE OF INJURY (e. g., in	a ar   21c. WHERE DID	(If in Baltimore City,	
LYING C	R CONTRIBUTING		erm, factory, street, office bldg.,			
2 1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
F INJURY		m.	WHILE AT NOT WHILE			
22. I herei	by certify that I att	tended the		2 , 1957, to	6/19.19	Zthat I last saw th
				red at 5 m., from		
23A. SIGNA		1		3B. ADDRESS	1	23c. DATE SIGNED
C		Lune	M. D.	Marcy 1	took	6/18/51
24A. BURIAL, TION, REMOVAL (	Specify)		24c. NAME ON CEMETE	EDICAL SCHOOL JUN 2	5 1951 7	n, or county) (State)
DATE RECEIVE	D BY   RECLERAR	S SIGNATU	65, 1 <sup>-4</sup>	25. FUNERAL DIRECTO	OR	ADDRESS
JUIA REGIS	51	かりを	Many ME	Commissio	ner of Health	1 1 1 1 1 1 1

. 1.1.1.

83a.

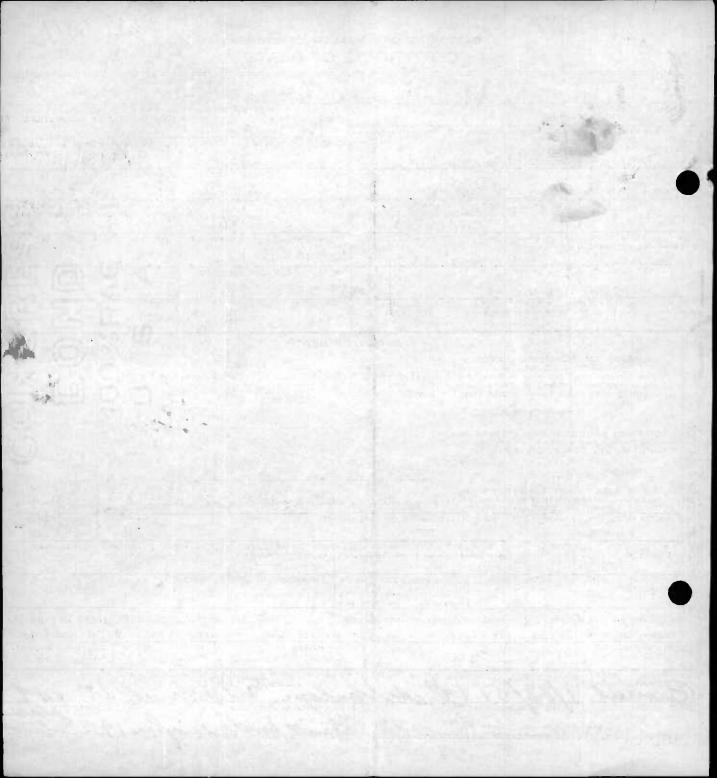
- Carried Company



51 6077

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 7.10.57 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Doney B FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) altimos Yrs. D. STREET ADDRESS (If rural give Meation) Mos. Length of stay in Baltimore 00-Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE If Under 1 Year 8. DATE OF BIRTH Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of ) 108. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? har lotte N.C Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Ve. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yee, no or unknown) SECURITY NO. NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONonie - artenzalertie Condignacente Presi TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAI 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID HOMICIDE (Specify) sbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from June 2 7 , 1951, to July 10, 1951, that I last saw the deceased alive on JULY 10 . 1951, and that death occurred at 12: 45 Am., from the causes and on the date stated above, 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Lene U. for women DATE RECEIVED BY LOCAL REGISTRAR

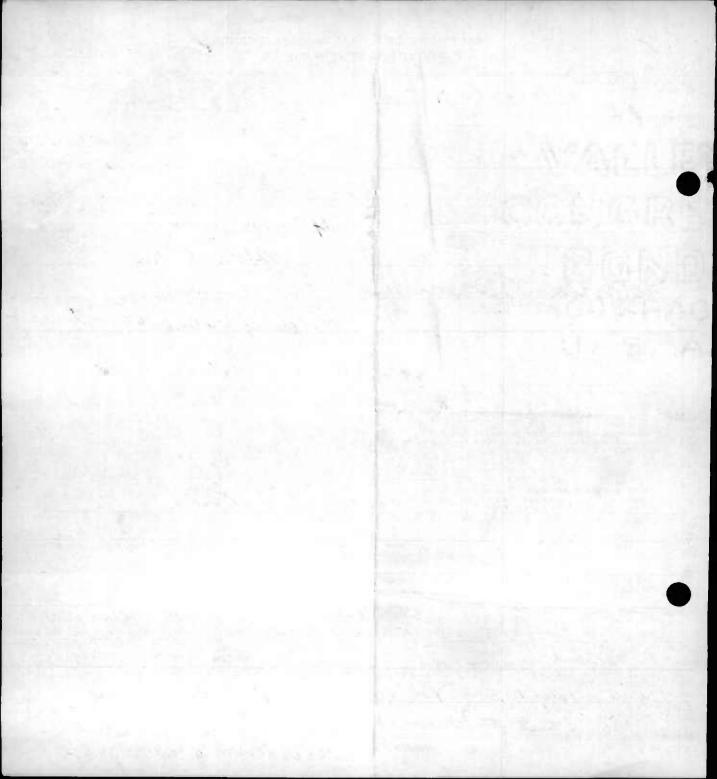


# 51 6078

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

ВІ	RTH NO.			CERTIFICAT	E OF DEATH	2008131	1010	
	NAME OF DE	F/0	rence	H. Bell		2. DATE OF DEATH	7-10-	5-1
	PLACE OF DI Baltimore C	ety. Maryland			4. USUAL RESIDENCE	(Where deceased B. COU		: residence ore admission)
В.	FULL NAME	OF (If not in hosp	ital or institution	on, give street address o location		M. Marian and M.	A. B. it Di	TD LY
IN	STITUTION	22 /1	tahor	5+.	Bal	timore	ate limits, write RI	2 township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give loca	tion) Ckok	. /
Y	Length of st	ay in Baltimore 6. COLOR OR RACI	7 SINCLE	Days . MARRIED.	622	Filchai	SIPITE	len
	Famulo	Najvo	WIDOWI	ED, DIVORCED (Specify	14/29/189	9. AGE (in y last hirthd	lay) Months Days	If Under 24 Hours Hours Min.
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTR	11. BERTHPLACE (State	of foreign country)		ZEN OF T COUNTRY?
13	FATHER'S N	AME	13		14. MOTHER'S MAIDEN	NAME	1	
	ta	nes	On	erun	mary	Smith		1
15 (Y/6	WAS DECEASE	D EVER IN U. S. ARM (If yer, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 .	ADDRESS	+1. Q
-					milder	wainer	,622 Pil	
	18. 44	/7 X I		CAUSE	OF DEATH	1		T AND DEATH
		E OR CONDITION	ATH	60	nevalized 4	Ly taxio se	levasie	
	heart failu	not mean the mode re, asthenia, etc. It m	cans the disease	,		1101100-		
	injury or	eomplication which	caused death.	) DUE TO				
7		ANTECEDENT CA	JSES					
CERTIFICATION		OR CONDITIONS			•••••••••••••••••••••••••••••••••••••••			•••
AT		ING CONDITION		E DOE TO				
FIC				(C)				
RTI	OTHER S	II IGNIFICANT CON	DITIONS CON		61/1	4		
E E		TO THE DEATH, BU			rtico / de par	Tonsion.		
		F OPERATION O		FINDINGS OF OPE	RATION		20.	AUTOPSY?
CA	Ole ACCIDE	NT CHICLDS	215 BL 4	CE OF INDURY (	:   210 WHERE DID	(If in Poltimone	YES	
MEDICAL	HOMICIDE	NT. SUICIDE. (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.		(II in Eastimore	e City, give exact	location)
	2 1D. TIME (	Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCUR		URY OCCUR?		AT .
L			m. W	WORK NOT WHILE				
	22. I hereb	y certify that I a	ttended the	deceased from I	unc , 195/, to		, 1957, that I	
	deceased al		10, 195/	and that death over	rred at 3: 109m., fro	the causes an	d on the date s	tated above.
	23A. SIGNA	Elbert L	18	12.01	23B. ADDRESS	ton and		ATE SIGNED
24	A. BURLAL, C	REMA- 248 DATE	Jan 1	4c. NAME OF CEMET		D. LOCATION (Cit		
TIC	ON. REMOVAL S	pecify) Colle	1351	mak Quel	Le Comel	Batta	mid	
D	ATE RECEIVE	D BY REGISTRA	R'S SIGNATU	RE,	25 FUNERAL DIRECTO	PRO 6	ADDRES	SS
1	CAL REGIST	51 15	此。大小八	Miana, M.B.	maral &	Brown	V Some	5
-	VS 150	- 514	1000000		108W m	onto on	MALL SI	L 97



	5079 51-146	BALTIMORE CITY HE		Registered 1	1 6679
(Type or Prin	t)	7	O 1 Mandan	2. DATE. OF	00 3053
3. PLACE OF A. Baltimor	e City, Maryland	al or institution, give street address or	fant Morton  4. USUAL RESIDENCE (1 A. STATE Maryland	DEATHJUNE Where deceased lived. If B. COUNTY Charles	
HOSPITAL C	OR	location)	C. CITY OR TOWN (I		ts, write RURAL and giv township
Length o	of stay in Baltimore	Yrs. Mos. Days	Browns Road	rural, give location)	5800
Male	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-28-51	9. AGE (In years last birthday) Mo	f Under 1 Year   It Under 24 Hours on the Days Hours Min.
10A. USUAL work done during m Infan	OCCUPATION (Give kind of nost of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER	'S NAME		14. MOTHER'S MAIDEN N	AME	
Jam	es Morton		Mary Magnolis	Betts 57	5916
15. WAS DECE (Yes, no or unkno	EASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Reco		DDRESS
Injury  O DISEA RISE TI UNDER  UNDER  OTHER	ailure, asthenia, etc. It mea or complication which c ANTECEDENT CAUS  SES OR CONDITIONS, IF O THE ABOVE CAUSE (A) RLYING CONDITION LA  II R SIGNIFICANT CONDITION TO THE DEATH, BUT E OISEASE OR CONDITION	TIONS CON-NOT RELATED	uature operations of pr	tive deluce	ry Y
J I9A. DAT	E OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		YES NO
LYING	CIDENT WAS UNDER- OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e	a or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
21D. TIMI OF INJUI	E (Month) (Day) (Year) RY	(Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I her	reby certify that I att	ended the deceased from 6-2	8, 1951, to	6-29 , 151	, that I last saw th
deceased 235 SIG	d alive on 6-29	19 51 and that death occur	red at 7:15P m., from to 38. ADDRESS he Johns Hopkins		he date stated above   23c. DATE SIGNED   7-3-51
24A. BURIAN TION, REMOVA	L, CREMA- L (Specify)	24C. NAME OF CEMETE		OCATION (City, town,	
DATE RECEI LOCAL REG	IVED BY REGISTRAR	S SIGNATURE .	25. FUNERAL DIRECTOR		ADDRESS
VS 150					1610

earn clearly and le

The same is Joseph Andrews Company is. co. Caren, dr.

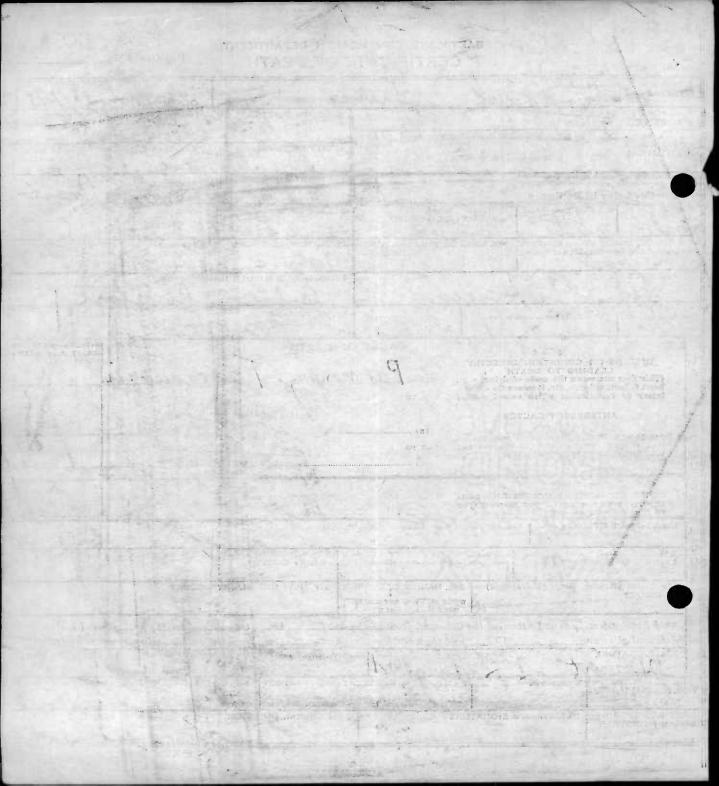
93)

### BALTIMORE CITY HEALTH DEPARTMENT

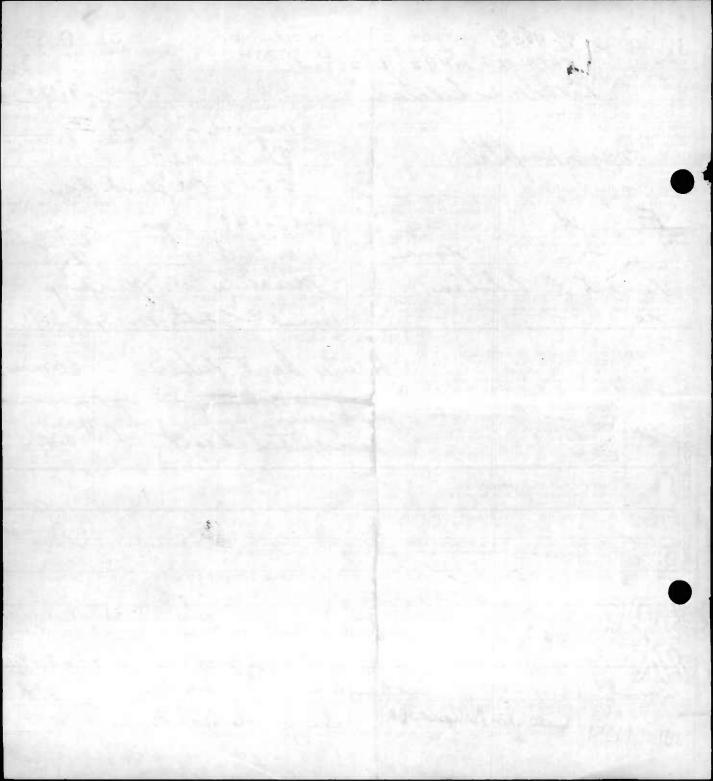
BIRTH NO.			CERTIFICAT	E OF DEATI	H Regist	tered No
1: NAME OF D (Type or Print)					2. DATE	
		r C. Di	eterich		OF DEATH	July 9, 1951
A. Baltimore	City, Maryland			I A SIAIL	NCE (Where deceased B. COU	lived, If institution: residence NTY before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or			Servic admission)
INSTITUTION	2529 E.	Biddl	e Street	Baltimore	(If outside corpora	ate limits, write RURAL and give township)
			Yrs. Mos.		SS (If rural, give loca:	tion)
5. SEX	tay in Baltimore	7 (1)(1)	Days	11	iddle Street	
female	white	Widow	E. MARRIED. /ED, DIVORCED (Specify) wed	Feb. 14, 1	last birthd	ay) Months Days Hours Min.
10A. USUAL OC work done during most nousewife	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
A	ndrew Hopkins	3		Annie Jone		
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
		or sorvice)	SECURITY NO.		E. Dieterich.	2529 E. Biddle St
CONTRACTOR OF THE DISTANCE OF	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which complication condition last the complication condition to the death, but it sease or condition F OPERATION   18	H f dying, e. g as the diseas- auscd death ES ANY, GIVIN STATING TH ST. FIONS CON NOT RELATE CAUSING IT	(B)		reordine! esterated	
Z Z						YES NO
	ENT WAS UNDER- CONTRIBUTING DEATH	218. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c, WHERE DI.	D (If in Baltimore?	City, give exact location)
D. TIME (	Month) (Day) (Year)	(Hour)	1E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
		m. V	WORK NOT WHILE			
	UKE O	ended the 1951, a	deceased from	7-7 195! red at!! >3 a.m., ) 38. ADDRESS	to T-9 from the causes and	19 , that I last saw the don the date stated above.  23c. DATE SIGNED 7-10-56
24A. BURIAL. C	REMA- 24B. DATE	2	4C. NAME OF CEMETER		24b. LOCATION (Gity	
burial	7/12/51		Western Ceme	tery	Baltimore,	Maryland
DATE RECEIVED LOCAL REGISTE	RAR REGISTRAR'S		RF.	25. FUNERAL DIRE	CTOR	ADDRESS - Paul Street
Vs 150	. 20	with Dist	A Million Market of			G2D

1917-1918 Cost Biother A Section 古典 新工作 BELLIN IS OFFI THE PARTY OF THE

200	
51 .6081/2	P. A
BALTIMORE CITY HE	EALTH DEPARTMENT 51 6081
CERTIFICATI	
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
roller / wy.	DEATH / 1/1/0/
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESPONCE (Where deceased lived. If in titution: residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	1/100
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write will AL and give
Security and a variable	Dalymon 10"0 am
Yrs. Mos.	D. STREET ADDRESS (In ryral, give ocation)
c. length of stay in Baltimore Days	843 Helman burt
5. SEX 6. COLOH OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
May while Own ad	Dec. 1, 1911 37
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
" Reagn 1	Dallemon, Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Min / Haylo	Collen Clinton
15. WAS DECEASED EVER IN J. S. ARMED FORCES! 16. SOCIAL (Yes, no granhnown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(No ) 218-05-2177	17. INFORMANT ADDRESS
18. 00 2 X CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nonary lubercubics
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	GERTUPICATION APPROVED SY
Z DISEASES OR CONDITIONS, IF ANY, GIVING	J. C. Fight selace
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Stanley 18 M. a
UNDERLYING CONDITION LAST.	CHIEF OR ASST. MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION - 1 198, MAJOR FINDINGS OF OPER	
	YES NO P
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (c. g., in LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., e	to.) INJURY OCCUR? (If in Baltimore City, give exact location)
CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	0 H 19, to 7/10 , 195 that I last saw the
deceased alive on, 19, and that death occur	
23A SIGNATURE 1 2	3B. ADDRESS 23C. DATE SIGNED
Herout I & anglow	STIR BUYER STRAIN
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24D. LOCATION (City, town, or county) (State)
Burial 7/13/51 Oul Still	Baltimore, maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25, FUNERAL PIRECTOR ADDRESS
1111 1 119 The turke for Milians, Mill	Wm. Cook, me: 1217 St. Paul ft
VS 150 M 1 (1)	2
III	iseproved 1212



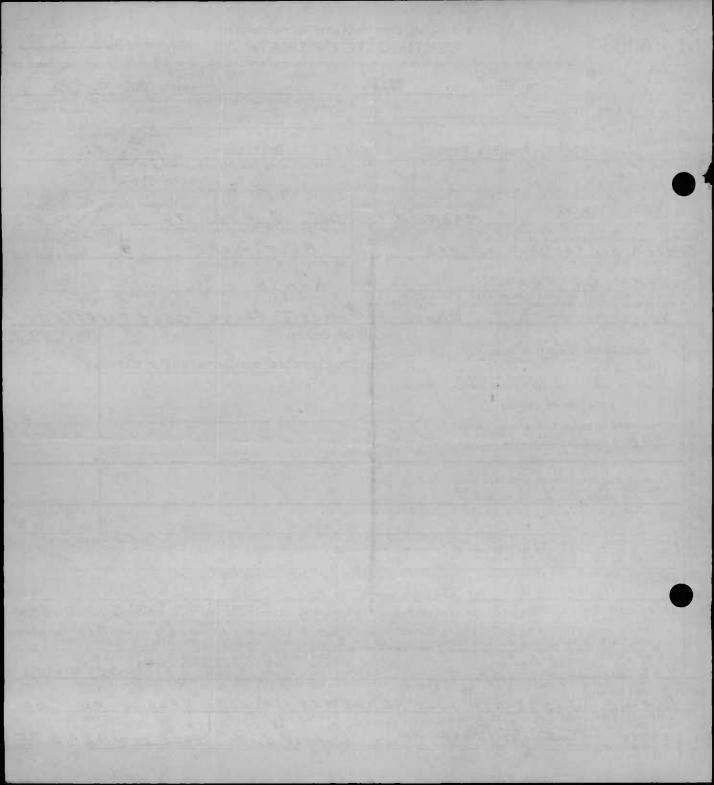
51 5082 49. //532 BALTIMORE CITY HEALTH DEPARTMENT STATE OF DEATH AND Registered N.	1 6082
BIRTH NO. KATHLEEN ANNE LIDSTON  Registered No.	
1. NAME OF DECEASED (Type or Print) Lateller delater 2. DATE OF DEATH	y 9,1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COUNTY	stitution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or location)	. Esting
INSTITUTION C. CITY OR TOWN (If outside corporate limits,	township)
Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days  5547  October	Cl 5200
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9 AGF (in years) #1	Inder   Year   If Under 24 Hours ths Days   Hours Min.
	2. CITIZEN OF WHAT COUNTRY?
Vincent P. Lidston 14. MOTHER'S MAKEN NAME Madeline M. Mu	rphy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	BRESS RELLED
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  CAUSE OF DEATH  (A)  A  Cutte least fuller  (A)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (B)	7 rain
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give of DEATH)	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT WORK  AT WORK	
	that I last saw the
23A. SIGNATURE H. Stane M. D. 23B. ADDRESS  M. D. WELLY HOLE.	23c. PATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, of Chemical Control Control Catheline Control C	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  L	Janth St.
JUL 15 1951	157E



6	5	6	
51 BIR		6083	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.1 6183

BI	RTH NO.	0		CERTIF	CATE	OF DEATE	1				
	NAME OF D						2	. DATE OF +			
			HN	A. F.	RANK			DEATH J	uly 9,		
	Baltimore (	City, Maryland				. USUAL RESIDE		B. COUNT			dence inission)
B.	FULL NAME		al or institut	ion, give street a			land		-1	1	
	STITUTION				location)	CITY OR TOWN		side corporate	limits wr		and give
	0	1834 E. Fa	yette S	treet			imore				
				LIFE	Yrs. Mos.	STREET ADDRE	P. 10 10				
	ength of s	tay in Baltimore	7 614161 4	MARRIED,	Days	. DATE OF BIRTH		AGE (In year		Vanc   H ile	der 24 Hours
٥.	Male	White	WIDOW	ED, DIVORCE	O (Specify)			last birthday	) Months	Days Hou	rs Min.
10		CUPATION (Give kind of		OF BUSINES		DEC. 15 1 1. BIRTHPLACE (S		n country)	1 12 6	CITIZEN (	) F
work	done during most	of working life, even if retired)		IN.	DUSTRY					WHAT CO	
	FATHER'S	BOX FACTORY	RETI	RED.		BALT,	IDEN NAME			U.S.	Α .
			11				0				
1 55		B. FRA		I 16. SOCIAL		AHNIE					
	s, no or unknown)			SECURIT	TY NO.	7. INFORMANT			ADDRE		
_	No			216-03-	14601	MARY V. F	RANK.	1834 6	FAY	ETTE	ST
Н	18. 47	21		C	AUSE OF	DEATH				NTERVAL DNSET AN	
	DISEASE OR CONDITION DIRECTLY										
	(This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease										
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO										
н	ANTECEDENT CAUSES										
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								)============		
0	RISE TO 1	THE ABOVE CAUSE (A)				2 3					
AT	ONDERL	THIS CONDITION L	no1.	(C)	*************						
ERTIFICATION		-11									
T		SIGNIFICANT COND									
	TO THE D	ISEASE OR CONDITION	CAUSING I	Т							
O,	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS C	OF OPERAT	ION				20. AUT	[20]
AL	OI. EVIEDI	LAL CALIEF WAS	1 21B PLA	CE OF INJUR	Y (o.g. in o)	21c. WHERE D	ID (If in	Baltimore C		xact locat	ion)
EDICAL	UNDERLYIN	NAL CAUSE W <b>AS</b> G [] OR CONTRIB- CAUSE OF DEATH	about home, f	arm, factory, street,					, ,		
Σ	21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY		21F. HOW DID	INJURY O	CCUR7			
	Moon		m.	WHILE AT WORK	AT WORK						
	22. I certi	fy that I took char	rge of the	remains des	eribed abo	ve, held an In	spectio	on & Inq	uiry the	ereon ar	id from
		idence obtained by				A	lutopsy, Insp	ection or Inq	uiry		
	and de	eath in my opinion	resulted f	rom: natura	l causes	🕽, accident 🖂,	suicide 🔲,	homicide	. undet	ermined	
	23A. SIGNA	TURE	K			238. CHIEF ME ASSISTANT ME	DICAL EXA	MINER		TE SIGN	
-	Will BURNE	lean Uxo	THE STATE OF THE S	TANKE OF	M.D.	MEDICAL INVE	STIGATOR		Jul.		(State)
TIC	N. REMOVAL (S	specify)	P			OR CREMATORY		TION (City, 1	1		(State)
-	NUR 14		1951		EDEE		4430	BELA	IR R	DRESS	no.
	ATE RECEIVE DCAL REGIST	RAR	1 - W(1)	9 " 3 101	1 2	5. FUNERAL DIRE	1	61			
	1 1 1951	" hunter of	ALV LING	MALLEY PROPERTY.	K	Espel B	100/	800 E L	OMB	ARD	ST
W	\$ 151	3	2	prytor y		0			A	1	-



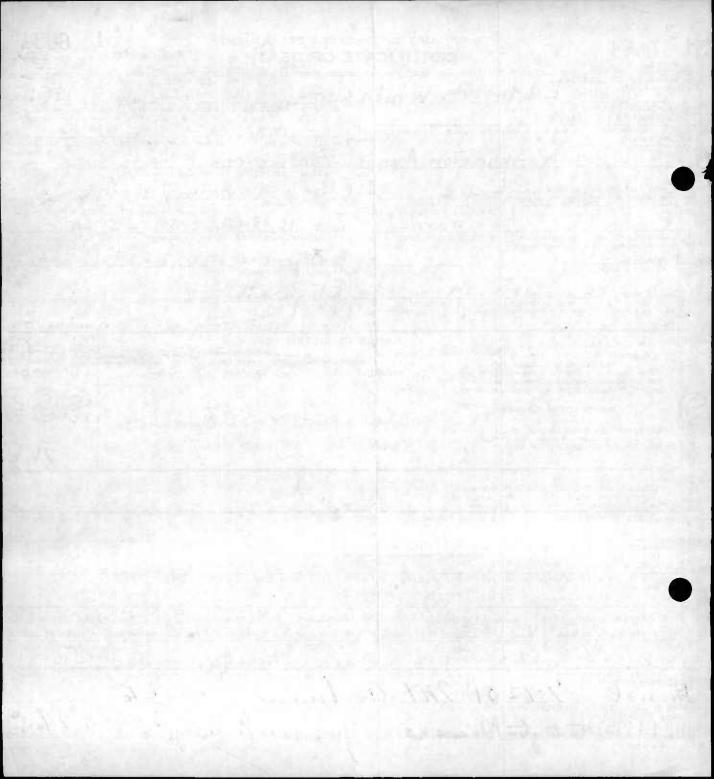
111-		3	2		0
	1		60	18	4

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

T S1 6084

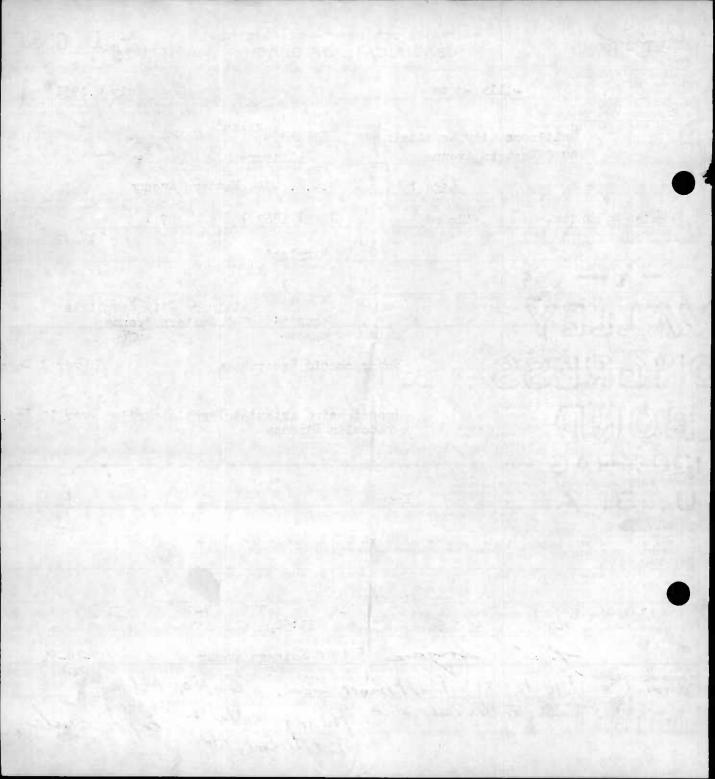
1310

BIRTH NO.	
1. NAME OF DECEASED Edith B. White	ker 2. OATE 9, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate finits, write RURAL, and give
INSTITUTION Look N. Arlington Alense	Ballimore township)
Yrs, Mos.	o. STREET AODRESS (If rural, give location)
Length of stay in Baltimore Days	B. DATE OF BIRTH   9. AGE (In years if Under 1 Year   It Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS OR Work done during most of worklook in the state of the state o	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of worklog life, eveo if retired)  INOUSTRY	Battimore maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Percy Whiteker- look N. Arlington Ax
18. 44xx CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND OEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· 19 0 R. 0 M.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	us vasculai mas 1 mos.
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES	ue - Hypertension
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
194. OATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g., i.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
Sid. Time (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	
deceased aline on deceased aline on 1931, and that death occur	rred atm., from the causes and on the date stated above,
1111 (Metron	600 N. Arlington Avenue 7-10-51
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25/FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	James Aries 638 n. galing
VS 150	The state of the s



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1 6085

В	IRTH NO.	13000		CERTIFICATI	E OF DEATH	registered	110,	
1.	NAME OF E					2. DATE		
			illy L	oose			y 9,19	
	Baltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY		residence
B. FULL NAME OF (If not in hospital or institution, give street address or					Maryland		10	
		4940 Eas			Baltimore	LU		township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)		
	ength of s	stay in Baltimore		Life ? Mos.	B.C.H. 4940 Eas	tern Avenue		
5	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year	If Under 24 Hours
	Female	White	Wid	lowed	? .? 1863 ?	last birthday) M	onths Days	Hours Min.
I C	A. USUAL OC	CUPATION (Give kind of of warking life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZ	
Wille	a dune during most	or whraing life, even if retired)		INDUSTRY	Maryland		WHAT	COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
1.6	?	?			?	?		
(Ye	e, no nr unknown)	ED EVER IN U. S. ARMEI (If yes, give war nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Ho	PPRESS .	
_					Records: 4940	Eastern Aven	ne	
	18. 44	3 X 1		CAUSE	OF DEATH		INTERV	AL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY					
	(This does	not mean the mode oure, asthonia, etc. It mea	f dving o	, (A) Subarac	chnoid Hemorrhage			r 2 Day
	injury or	complication which c	aused death	.) DUE TO				
CERTIFICATION	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DISEASES  VASCULAR Disease  UNDERLYING CONDITION LAST.							10 Yrs
CA	UNDERL	FING CONDITION LA	51.	(C)		***************************************		· · · · · · · · · · · · · · · · · · ·
4		11						
CERT	TRIBUTING	GIGNIFICANT CONDITION TO THE DEATH, BUT	NOT RELATE	P			7	
-				FINDINGS OF OPER			1 20. 7	UTOPSY7
AL	1						YES	
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, nffice bldg., e	nr 21c. WHERE DID ( tc.) INJURY OCCUR?	If in Baltimore City,	give exact	location)
2	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?		
	FINSURT		PD 1	WORK NOT WHILE				
h	22 I hereb	y certify that I att	and ad the		-4 , 1933, to	7-0 10 1	57.,	
		live on 7-9	10 51	december 11011	red at 11:50pm., from t	he and and and	Literat I l	ast saw the
	23A. SIGNA		, 10.		3B. ADDRESS	ne causes and on t		TE SIGNED
		S.S.	Che	5-20-EN.O.	4940 Eastern Aver	1110	7-10	
	N. REMOVAL		'51	Baltinor	RY OR CREMATORY 240. L	OCATION (City, town		(State)
DA	ATE RECEIVE CAL REGIST	BY REGISTRAN	-SINVATU		25. FUNERAL DIRECTOR	02300	ADDRESS	/
4	VS 150		* 7 Suit F 40	- No.	O	11/200/	. GU	well
	V5 150		, ,,,,,,,,		1501/1/2000 /	19	. 0	-

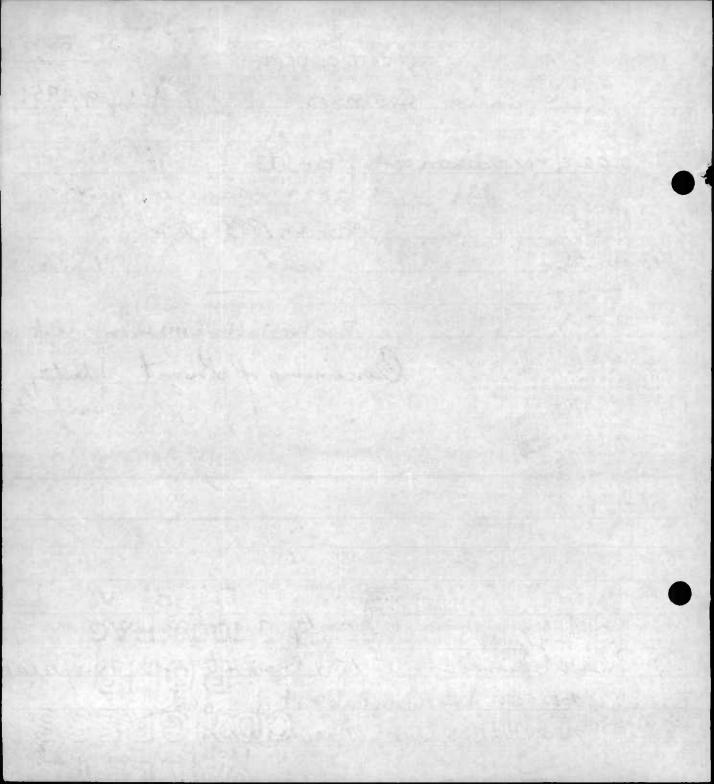


5	/	1	
BIRTI	SHAN	086	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

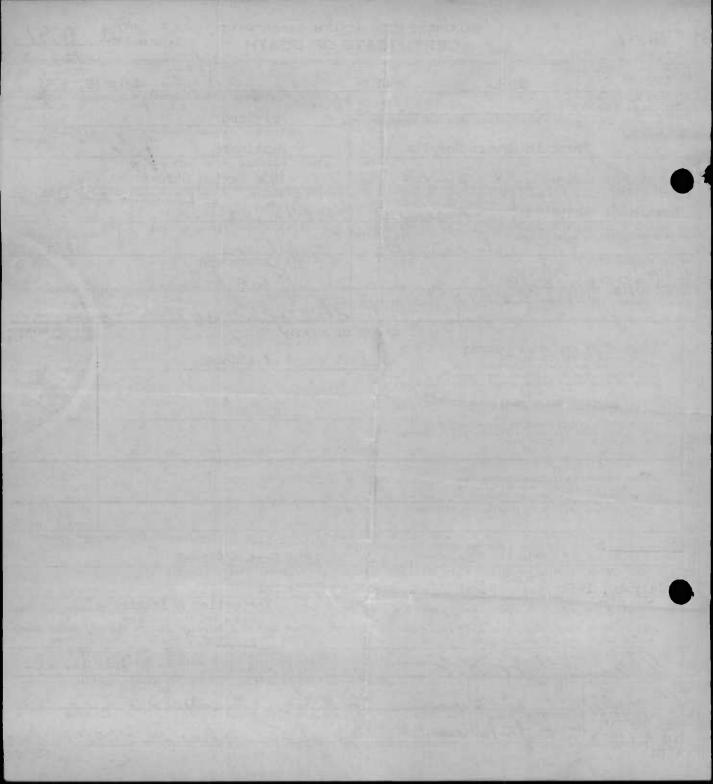
Registered No.

B	RTH NO.					
	NAME OF DECEASED 'ype or Print)	maria	Con	els	2. DATE OF DEATH	lu 9 1951
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE	CE (Where deceased lived B. COUNTY	. If i stitution: residence before admission)
В.	FULL NAME OF (If not in hospit	al or institution, giv	e street address or location)	c, CITY OR TOWN	(If outside corne de la	mits, wate RURAL and give
11	DSPITAL OR ISTITUTION 2029 W	radiso	nave	Balto	(ii dutaide coi positi	township
		04	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay in Baltimore SEX   6.COLOR OR RACE	7. SINGLE, MAR	Days	2029 VM	9. AGE (in years	It Under 1 Year   If Under 24 Hours
	7 6		VORCED (Specify)	Po- 25 18		Months Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of k done by ring most of working tree, oven if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAID	EN NAME	U.S.A.
			N. S. T. W. S.	A. MOTHER S MAID	EIA IAAME	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give war or date		BOCIAL BECURITY NO.	17. INFORMANT		ADDRESS
_			1	Rav Bassie	Hall IIII W.	famalest
	18. 120×		CAUSE C	DF DEATH	000 1	ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode)	TH	Dane	cenoma n	Breant	Heston
	heart failure, asthenia, etc. It mes injury or complication which of	ans the disease,	UE TO		••••••••• <del>•••••••</del> •••••••••••	
	ANTECEDENT CAUS	SES				indefinite
O	DISEASES OR CONDITIONS, I	F ANY, GIVING	(B)		********************************	
AT	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE D	(C)			
IFIC						
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
7		198. MAJOR FIND				20. AUTOPSY?
DICA	21a. ACCIDENT WAS UNDER	21B. PLACE OF	F INJURY (e.g., in	or   21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
MED	LYING OR CONTRIBUTING CAUSE OF DEATH	about bome, farm, fact	ory, street, office bldg., et	o.) INJURY OCCUR?		
I	D. TIME (Month) (Day) (Year)	) (Hour) 21E. IN	TURY OCCURRE	D 21F, HOW DID IN	JURY OCCUR?	
	22 71	m. WORK	AT WORK L	14 1014	o July 9 19	
B	deceased alive on		hat death dogum	red at 5 P m. fr		that I last saw the the date stated above.
	23A SISVA URE OF BU	. 00	1 23	534 Truit	4116-	2 C. DATE SIGNED
2.	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		M. D.   AME of CEMETER		4D. LOCATION (City, to	wn, or equity) (State)
	Surial 7-12-3	51 da	udon Pa	ch mat	mond?	71
L	ATE RECEIVED BY REGISTRAR	'S SIGNATURE		5. FUNERAL DIRECT	OR _	ADDRESS
==	VS 150	Ar / / Mian	A. H. B.	Leo. 13.100	3 43 15 " -	20
		8141- 15. V M	72081	0	303 Brenz	man DI
			/			



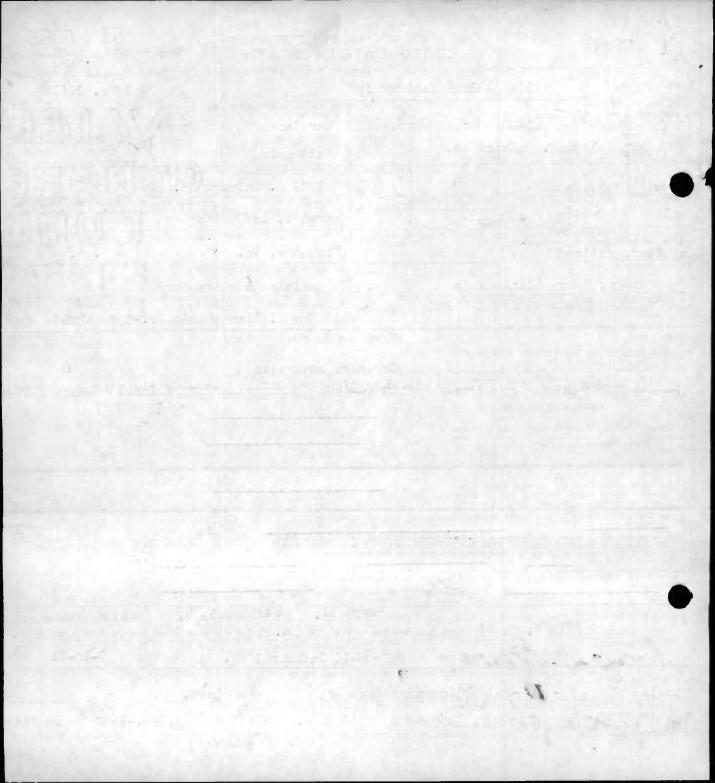
# BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6087

BIRT	TH NO.			LERIFICAT	E OF DEATH	Register	cu 110.	
	AME OF D	DECEASED				2. DATE		
	e or Print)		AOMA	ROGERS		OF -	r. 1 - 10 10	151
2 51	ACE OF F		HUMA	NOGENO	4. USUAL RESIDENCE (W		July 10, 19	
	LACE OF D	City, Maryland			A. STATE	B. COUNT		admission)
B. FL	JLL NAME		al or institution	n, give street address or				~?
	PITAL OR			location)	C. CITY OR TOWN (If	outside corporate	limits write RVRA	
	6	Franklin	Square H	ospital	Baltimore	7	5-7	township)
			-	Yrs.	D. STREET ADDRESS (If	rural, give location	n)	
	length of s	stay in Baltimore	2	2 yrs Mos. Days	1808 Sext	on Street		
9.5	The second secon	6.COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	9. AGE (In year	rs If Under 1 Year If	Under 24 Hours
			WIDOW	ED, DIVORCED Specify	0 0 0 0 0 0	last birthday)	Months Days H	
i——	emale	White		ranied	Jan 15 1429	22	: 1	
		CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	I BIRTHPLACE (State of fo	reign country)	12. CITIZEN	OF COUNTRY?
			Lanes	unde	12 allemore		0	5
13.F	ATHER'S	NAME		/	14. MOTHER'S MAIDEN NA	ME		
111	CAR	1206 Th.7	0		7 FOW/	7		
15.	WAS DECEAS	ED EVER IN U.S. ARME	P FORCES?	16. SOCIAL	17 INFORMANT		10000000	
		(If yes, give war or date		SECURITY NO.	17 INFORMANT	107 10	ADDRESS	(,
					Stanley Moge	18 1808	sex long	34
1	18. Fa	7/ .		CAUSE	OF DEATH			L BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				ONSEL	AND DEATH
		LEADING TO DEA	TH	Gunsh	not wound of abdom	en		
	heart fail	s not mean the mode ure, asthenia, etc. It me	ans the disease	, (A)		*******************	***************************************	***************************************
	injury or	complication which	caused death.	DUE TO				
		ANTECEDENT CAU	SES				14 11 12 12	
7				(B)	***************************************	**************************	***************************************	•••••
Ó		S OR CONDITIONS, I THE ABOVE CAUSE (A)						
E		YING CONDITION L						
RTIFICATION				(C)		***************************************	***************************************	
正		11						
7		SIGNIFICANT COND G TO THE DEATH, BUT						
ш		DISEASE OR CONDITION						
0 1	9A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AU	TOPSY?
AL -							YES	NO X
0 2	1A. EXTER	NAL CAUSE WAS	21B. PLAC	CE OF INJURY (e. g., rm, factory, street, office bldg.,		f in Baltimore Ci	ity, give exact loc	ation)
hed 1		CAUSE OF DEATH.			1808 Sexton S	treet.		
[ LL ]		(Month) (Day) (Year	120	1E. INJURY OCCURR				
						0000111		
	July 1	7		WORK NOT WHILE			•	
2	22. I eerti	fy that I took char	rge of the r	emains described	above, held an Inspect	ion & inqu	iry thereon	and from
					Autopsy, I Inquiry, find that said de	Inspection or Inqu	uiry	
	and de	eath in my opinion	resulted fr	om: natural cause	$s \square$ , accident $\square$ , suicide	M homicide	undetermine	$d \square$ .
2	BA. SIGNA		1		23B. CHIEF MEDICAL E		23c. DATE SIG	
	1/1/0	· ///	NI TO		ASSISTANT MEDICAL I	EXAMINER	July 11,	
24A.	BURIAL.	CREMA- 24B, BATE	MAKE 2		I.D.   MEDICAL INVESTIGAT	OCATION (City, t	own, or county)	(State)
TION	REMOVAL (S	Specify)	15 10 1	PA	2 2 12 14	R D	0	7
-	June		0 19511	ouden 12	erk en tie	weik	are	me
	E RECEIVE AL REGIST		SSIGNATUR	RE	25. FUNERAL DIRECTOR	. 0	ADDRESS	
11	11 9 - 1	053 tunturet	m//mia	which, Made	Joseph Kanesa	kas ter	430 Hora	ulis.
THE THE	75,111	331		. 420-	July a Junior			100
1 40	1	- alou		0			164C#	7
	11	X & X , T					107	



Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) William Allen Blankenship July 9. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before dmission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF none HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUKAL and give INSTITUTION 1721 N. Calvert St. Baltimore D. STREET ADDRESS (If rural, give location 65 Yrs. Mos. 1721 N. Calvert St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year male WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. white March 2. 1870 married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U. S. COUNTRY? INDUSTRY auditor, retired B & O RR Richmond, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Henry Blankenship Letitia Jane Crawford 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. William A. Blankehship, Jr.-206 Oakdale Road INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Coronary occlusion heart failure, asthenia, etc. It means the disease. DUE TO Hypertensive Cardio Vascular disease injury or complication which caused death.) about 3 Yrs ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK WORK 1948 to July 9. 22. I hereby certify that I attended the deceased from May 11, . 19 51 that I last saw the deceased alive on July 8. 1951 and that death occurred at 3 8. m., from the eauses and on the date stated above. IGNATURE 23B. ADDRESS 23c DATE SIGNED 7-10-51 516 Cathedral St. 244. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME O CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE burial Lorraine Cemetery Woodlawn Me DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR John O.Mitchell & Sons, Inc .- 1900 Eutaw Plac

VS 150



51 6089

5	1 608	39		CERTIFICAT	E OF DEAT	Н	Registered	l No	
	NAME OF E	DECEASED				1.0	DATE		
	Type or Print)		oburn	Filbert		2	OF T	70.3	2.0.00
3	PLACE OF D	EATH:			4. USUAL RESID	ENCE (When	DEATH Jul		
		City, Maryland I	Baltim	ore	A. STATE		B. COUNTY		e admission)
H	FULL NAME OSPITAL OR			tion, give street address or location)		ryland	side corporate D		
11	NSTITUTION	1903 E.	. 30th	. St.		timore	side corporate		township)
12				Yrs.	D. STREET ADDR		al, give location)		
	ength of s	stay in Baltimore		Mos. Days	1903 E.	30th.	st.		
	Female	6. COLOR OR RACE	WIDOV	E. MARRIED, NED, DIVORCED (Specify) dowed	8. DATE OF BIRT	Н 9	AGE (In years last birthday)	if Buder I Year Months Days I	If Under 24 Hours Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of	I TOR KINI	D OF BUSINESS OR	11. BIRTHPLACE (	State or forei		12. CITIZE	N OF
wor	Housew:	of working life, even if retired) 1fe		INDUSTRY	Penna.		J. 24		COUNTRY
13	3. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAMI	E		/
	John	Airey				?			1/
15	5. WAS DECEAS	ED EVER IN U. S. ARME! (If yee, give war or date	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
1,00	-	(21 yes, give was or date	e or service)	SECURITY NO.	William H	J 174712	made Taxas		
	18. Us	r. 1.		CHISE	OF DEATH	1.01106	ert Jop		L BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mean complication which of	TH of dying, e. .ns the diseas	g., (A <b>b/Lu</b> d	ekspreu	ems	ni	30	LAPP
RTIFICATION	DISEASE:	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	ES F ANY, GIVII STATING T	NG (B) MEAN	veix for	enffer eph	ing	2,	m
F		11		- UNU	the state of	712			
CERT	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELAT	ED					
				FINDINGS OF OPER				1 20. AI	JTOPSY?
A								YES	NO
EDICAL	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		OID (If in	Baltimore City	, give exact lo	cation)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY O	CCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE			,		
	22. I hereb	y certify that I att	ended the	deceased from	305194	8 to 71	10 19	51, that I la	st sam the
	degased a			and that death occur	red at 3 - Am	from the	causes and on	the date sta	ted above
	Sol. SIGNA		1	1 2	38. ADDRESS	, , , , , , , , , , , , , , , , , , , ,		23C. DAT	E SIGNED
-	Mani	or 5. WO	role	W. d. M.D.	2900 WA	mela	1 BUL	7/101	51
24	4A. BURIAL. (S	CREMA- 24B. DATE		24E. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	ATION (City, tow	vn, or equity)	(State)
-	Burial	7-13-1	951	Oaklawn		Balt	imore	Md.	
D	ATE RECEIVE	D BY   REGISTRAR	SSIGNATI		25 FUNERAL DIR		1 0	ADDRESS	
	III 4 4 4 C	En tutte	m/W	Laure, Mill	John D. n	Joran 3	000 E. F	Baltimor	a St
7	VS 150	131	1. 1. 4	Free Holland Co. of	inte	Lews	H. I		
			4. 34. 84 T. L.	A Marian San Land	1 /16	72000		93	5

Hala	20
16	6030

gistered No. 51 6090

В	IRTH NO.			CERTI	FICATE	OF DEATH	· Registered	No.
1.	NAME OF D	ECEASED					12. DATE	
(Type or Print) WILLARD L. BURKE							DEATH July	v 9. 1951
Α.		City, Maryland				4. USUAL RESIDENCE (YA. STATE Maryland		
H	OSPITAL OR	OF I'f not in hospit			location)		f outside corporate lim	s, write BURAL and give
4	Sc	outh Baltimor	e Gener	ral Hosp	oital	Baltimore	6	township)
					Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	ength of s	tay in Baltimore			Days	805 Clintwood	Court	
₽.	EX	6. COLOR OR RACE		E. MARRIED		B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 hours Months: Days   Hours Min.
	Male	White		M		2/13/1913	38	Days Man.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Welder		Heat &	Power		West Virgin	ia	WHAT COUNTRIE
13	FATHER'S	IAME		CONY	7	14. MOTHER'S MAIDEN N	AME	
		William				Delphia Han	nifan	
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMED	FORCES? s of service)	16. SOCIA	RITY NO.	17. INFORMANT		ADDRESS
	No					Family - Sa	me	
	1B. F	894.0.			CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY					ONSET AND DEATH
	(This does	LEADING TO DEAT	TH of dying, e.	g., (A).	Bronch	opneumonia, bila	teral	
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the diseas	se.				
		ANTECEDENT CAUS	ec					And the second
				(8).	Fatty	degeneration of	liver and	
6	DISEASES RISE TO T	OR CONDITIONS, II	F ANY, GIVI	NG HE DUE TO		***************************************	kidneys	***************************************
F	UNDERLY	ING CONDITION LA	ST.	(C).				
RTIFICATION				(0)				MINISTER PROPERTY AND ADDRESS OF THE PARTY AND
1		II IGNIFICANT CONDI						
ER		TO THE DEATH, BUT						
U	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS	OF OPERA	TION		20. AUTOPSY?
AL								YES X ND
EDICAL	21A. EXTERN	AL CAUSE WAS		ACE OF INJU farm, factory, stre			If in Baltimore City,	give exact location)
		AUSE OF DEATH.	Home			805 Clintwood	od Court	25/4
Σ	21D. TIME (	Month) (Day) (Year)		21E. INJURY			occur? Accid	ental inges-
		1, 1951	m.	WHILE AT WORK	NOT WHILE			
	2. I certif	y that I took char	ge of the	remains de	escribed ab			_ thereon and from
						quiry, find that said do	Inspection or Inquiry	
	and dec	ath in my opinion	resulted f	rom: natu	ral causes	, accident , suicide	$\square$ , homicide $\square$ ,	undetermined .
	23A. SIGNAT		1.1			23B. CHIEF MEDICAL	EXAMINER 2	3c. DATE SIGNED
	MU	una Warz	XX	_	м.		OR	July 10, 1951
24 T10	A. BURIAL, C	pecify)		24c. NAME	F CEMETER	Y DR CREMATORY 24D. L.	OCATION (City, town	n, or county) (State)
	В	7/12/51		Holy	Cross	I	Baltimore	
LO	CAL RECEIVED	PAR ++ . Am . Am	FIGNATU	IRE	4	5. FUNERAL DIRECTOR	`	ADDRESS
	F11133	" butter given	/www.	WA, MAR	a	J. 20 4	uce - I	30 E. Fort Ave.
V	S 151	1	Take to	ATTE . /	600		7	100
	1	1-9690		6	85 3	-4		119X V

PROPERTY & FARM Tarity - Village 2003 -7-WILL - 5%

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate Land, write River), and give INSTITUTION township) (If rural give beation) Mos. length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years H Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BUTTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 00.00 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO CHAS ROPAIRS HOSPITA INTERVAL BETWEEN CAUSE OF DEATH 50. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenin, etc. It means the disease. injury or complication which caused death.) DUE TO (B) Supplieux abscess, empyer ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS DICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about heme, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from\_ . 19 L. that I last saw the deceased alive on\_ and that death occurred at 1 Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

121 Ave

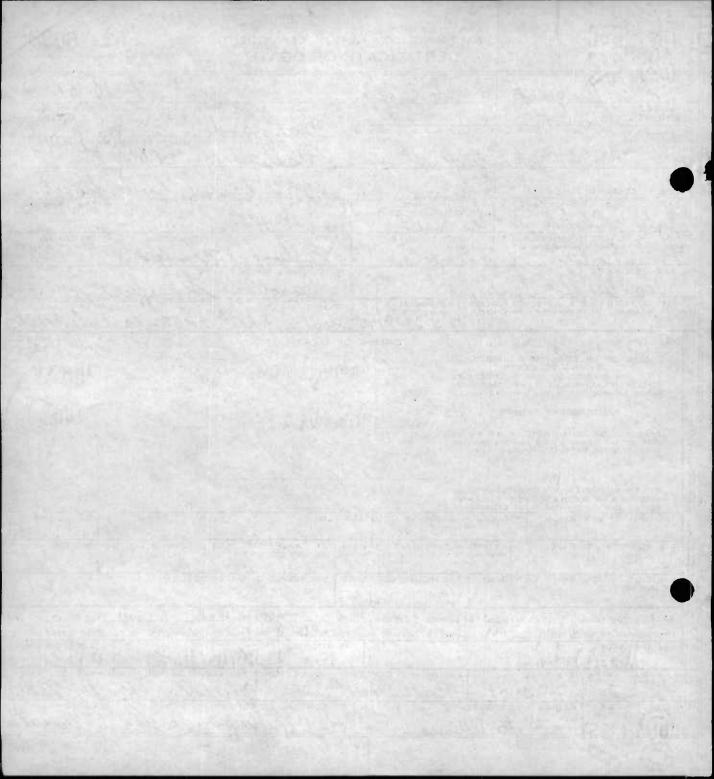
24D. LQCATION (City, town, or county)

Principle Style Study Commence of Resident American Section 1 three and a later a contra 1160 11 6092

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6092

BI	RTH NO.	~		CERTIFICAT	E OF DEATH	- B	
(T	NAME OF I	lugus	t L.	Schaeler	,	2. DATE OF 7-	10-51
	Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If	institution; residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		t A	tion, give street address of location		If outside corporate limits	Write RURAL and give township)
	010	2632 las	r cu	Yev street	D. STREET ADDRESS (I	f rural, give location)	
G	Length of	stay in Baltimore	List	Mos. Days	2132 6	t Oliver	Street
5.	nale	White		E. MARRIED. NED, DIVORCED (Specify	8. DATE OF BIRTH		onder 1 Year   II Under 24 Hours   Hours   Min.
worl	dow during most	CCUPATION (Give kind tol morking life, even if retire	of 10B. KINI	OF BUSINESS OR INDUSTRY		Marylard	12. CITIZEN OF WHAT COUNTRY?
13	Char	les R. S	claul	1 Bindeny	14. MOTHER'S MAIDEN N	Schaller	,
15 (Ye	5. WAS DECEAS	SED EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO. 2/5-03-8/12	17. INFORMANT Soplia Schael	en 2632 Car	L'Oliver St
	18. 42	0.1		CAUSE	OF BEATH	W 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	INTERVAL BETWEEN
	DISEA	ASE OR CONDITION			roman Educais		A.A. J. A. II.A.
	heart fail	es not mean the mode lure, asthenia, etc. It m r complication which	e of dying, e. leans the disea	se,	town sunun		show rate
	1113417 0	ANTECEDENT CA		A.	1		P
Z	DISEASE	ES OR CONDITIONS		(в)	Vimadeur	*******************************	undehmen
CATIC	RISE TO	THE ABOVE CAUSE ()	A) STATING T				
TIFI		11		(C)			
CERT	TRIBUTIN	SIGNIFICANT CON NG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELAT	FD			
		OF OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCID	DENT, SUICIDE.	218. PL	ACE OF INJURY (e.g.,	in or   21c. WHERE DID	(If in Baltimore City, g	ive exact location)
	HOMICIDE	(Specify)	about bome,	farm, factory, street, office bldg.			
Z	F INJURY	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURE		RY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK		. 1 1	
		by certify that I a	ttended the	deceased from \			, that I last saw the
	23A. SIGNA	ATURE O		and that death occu	rred at <b>D.T.</b> m., from 238. ADDRESS	the causes and on th	e date stated above.
	M	and are Justine a	1	M. D.	1513 N. WIL	may	18 445
TI	ON, REMOVAL	(Specify) 7-/3	-5/	Ballimore	Clw. Mor	thank - B	etto Md.
	ATE RECEIVE	ED BY   REGISTRA	R'S SIGNAT		25. FUNERAL DIRECTOR		ADDRESS . 04
_	JUL 11	1951 hunte	stor Mil	liams, M. B.	John C. Elletter on	nc: 2435 Con	it Cleverst.
	VS 150		7 1 . 100	and Can		2	9,40



51 6093

BIRTH NO.					
A MANE OF DEGENERA	2. DATE. T. 1.				
(Type or Print) Sadie Sorrell.	OF JWY 8, 1951				
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
A. Baltimore City, Maryland	A. STATE DECOUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RUIAL and give				
210 N. mount St	C. CIT OK TOWN (IT outside corporate in its, write it is and give				
	Datermore				
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore TE Days	210 N. Mount St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year   H Under 24 Hours   last birthday) Months; Days Hours: Min.				
Female C Single.	April 23,1900 57				
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
work done during most of working life, even if retired)	Baltima and MA NWHAT COUNTRY?				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
T C //	T 1. 01				
James Sorrell.	Josephine Chandler.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
No.	Edward Arms, 210 N. Mounta				
18. 2 3 2 V CAUSE	OF DEATH				
JULX	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 07/1				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	har many living				
injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINIS   19b.	RATION   20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?				
CAUSE OF DEATH					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?				
WHILE AT NOT WHILE					
	- 12 10 0 -				
22. I hereby certify that I attended the deceased from	19 that I last saw the				
deceased alive on 19 and that death occu					
	23B. ADDRESS 23C. DATE SIGNED				
M. D.	31/6/2/2 11111				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI					
Build July 12 1951 mt. and					
DATE RECEIVED BY   REGISTRAR'S SIGNATURE					
LOCAL REGISTRAR	nun Baltimione, md.				
LOCAL REGISTRAR Williams, MA 5	nun Baltimione, md.				
LOCAL REGISTRAR Williams, MA	nun Baltimione, md.				
LOCAL REGISTRAR Williams, MA	nun Baltimione, md.				

April 1190 Str James Some 

51 6094

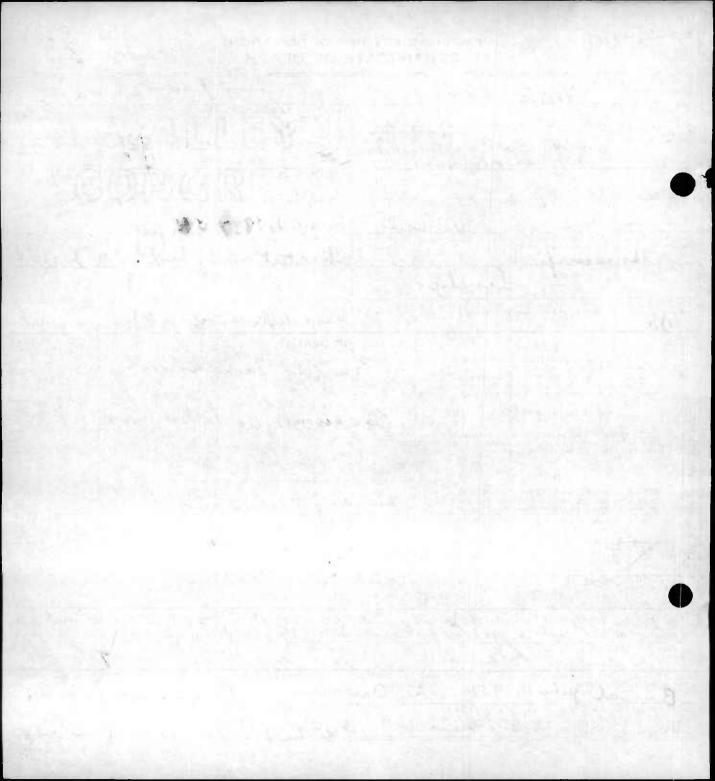
	CERTIFICATE OF DEATH  Registered No				
	RTH NO.				
	NAME OF DECEASED Nettre Kishins	64	2. DATE OF DEATH 76	-5-/	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission	
H	FULL NAME OF (If not in hospital or institution, give DSPITAL OR Bor-Wil-Ba Convalor 2101 Cold Spring Lan	street address or location		Tit BURAL and giv township	
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
5	Length of stay in Baltimore SEX [6.COLOR OR RACE] 7. SINGLE, MARK	Days	18. DATE OF BIRTH 9. AGE (In years   1) Unit	ter 1 Year   If Under 24 Hour	
	Famala haps Wilowed Div	ORCED (Specify)	may 1, 1997 5 birthday) Month	ns Days Hours Min	
10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BL done during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTAPLACE (State of foreign country)	CITIZEN OF WHAT COUNTRY	
	Teorisewile		Chestatown, md.	u. s. a.	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   18.50	OCIAL	17. INFORMANT A ADD	RESS	
(Ye		ECURITY NO.	mrs, Estella Davis 1510W.	Lafayettea	
	18. 337×	CAUSE	OF DEATH	INTERVAL BETWEE	
	DISEASE OR CONDITION DIRECTLY	1	1 (11)		
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)	ve pral /hrombosis	)	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	UE TO			
7	ANTECEDENT CAUSES	Cas	endralizas Arterioselarese	,	
ON	DISEASES OR CONDITIONS, IF ANY, GIVING				
AT.	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	UE TO			
RTIFICA		(C)			
T.	OTHER SIGNIFICANT CONDITIONS CON-	-	/ 3		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Saan	day Malnutrition		
	19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPER	RATION	20. AUTOPSY?	
Y.				YES NO	
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF about home, farm, facto			e exact location)	
Σ		JURY OCCURR	ED 21F. HOW DID INJURY OCCUR?		
	FINJURY WHILE AT m. WORK	NOT WHILE			
	22. I hereby certify that I attended the deceas	2	ay 1951 to July 6 1951	that I last saw th	
			rrkd at 5:13p. m., from the causes and on the		
	23A. SIGNATURE			23c. DATE SIGNED	

1/10/674

DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



51 6095

Registered No.

В	IRTH NO.							
	NAME OF DE	CEASED	William	Roberts	3.	2. DATE OF DEATH	My 9,	1951
	PLACE OF DE Baltimore C		d Will-13	on. Jame on, give street address or	4. USUAL RESIDENCE () A. STATE			residence rc admission)
H	OSPITAL OR		Cold Spe	location)		outside corporat	thits whence	RAL and give township)
	ongth of st	ay in Baltim	11	Yrs. Mos.		rural, give location	,	
5.	SEX	6. COLOR OR	RACE 7. SINGLE WIDOW	Days  MARRIED.  ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)		ff Under 24 Hours Hours Min.
10	A. USUAL OCC	CUPATION (Giv.	ekind of 108 KIND	OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZE	EN OF COUNTRY?
13	S. FATHER'S N	AME	10 1 . +		14. MOTHER'S MAIDEN N	w, md.	И.	s.a.
15	. WAS DECEASE	D EVER IN U. S.	ARMED FORCES?	16. SOCIAL	Jewiett 17. INFORMANT	7	ADDRESS	
(ze	no.	(11 yes, give war	or dates of service)	SECURITY NO.	Edward R.L	Dichnison	.1706 Pres	etwani
	DISEAS	E OR CONDIT	TION DIRECTLY	CAUSE	OF DEATH	0	ONSET	AL BETWEEN AND DEATH
	heart failur	not mean the re, asthenia, etc.	mode of dying, e.g. It means the disease thich caused death.		utr legia	and.	2000	7
_		ANTECEDENT	CAUSES	Car	XIO Pasou	eur VIS	esse	,
NOIL	RISE TO TH		ONS, IF ANY, GIVING					4400114440004104040444000
FICA				(C)				***************************************
CERT	TRIBUTING	TO THE DEATH	CONDITIONS CON BUT NOT RELATED DITION CAUSING IT	0				
		FOPERATION		FINDINGS OF OPER	RATION	MIRSE	20. A	UTOPSY?
IEDICAL	21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UND CONTRIBUTI DEATH		CE OF INJURY (e. g., i		If in Baltimore Ci	ty, give exact le	ocation)
Σ	21D. TIME (	Month) (Day)	w	HILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?		
	22. I hereby	certify that	I attended the	deceased from	1 8 56/10 S	Inly 8, 1	5 Ithat I lo	ist saw the
	deceased all		78.1951.0	and that death occur	rred at m., from t	the cakses and o	n the date sto	
2.	4A. BURIAL, C	REMA: 246, D	ATE 2	4C. NAME OF CEMETE	BY OR CREMATORY 24D. L	OCATION (City, to	owy, or county)	(State)
_	ON, REMOVAL (ST Bulial ATE RECEIVED	) Jul	11,1951	mt. au	25/FUNERAL DIRECTOR	Baltim	ADDRESS	md.
L	DCAL REGISTE	RAR / / hum	tueter ///	iams, He	Mrs Katie R. Will	liames s	Selver	W 81
	VS 150		t i Ar	9403	5		93]	)
							1	

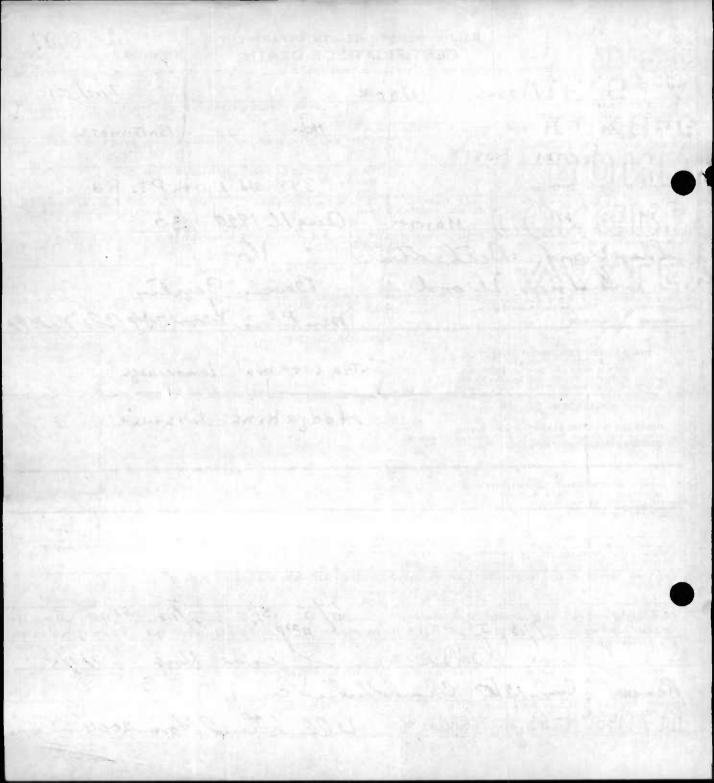
Villian Roberton Live local days to have 

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE July 9, 1951 (Type or Print) JOHN OTTO WHITE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write HURAL, and give INSTITUTION Baltimore ownshin Wyman Pk. Drive & 31st St. o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1112 Whatcoat St. ngth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years I Under I Year II Under 24 Hours last birthday) Months: Days Hours: Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 1/23/26 25 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Va. Laborer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack White Flora Rush 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO Records- US Marine Hospital, Balto, Md. - USA 226-24-2945 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Postoperative state with shock 2 hrs. (A) ..... heart failure, asthenia, etc. It means the disease, following lobectomy injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Lung abscess Approx. ERTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING 4 mos RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Atelectasis, pulmonary 7 2 hrs. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK Apr. 30 1951 to July 9 . 1951 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on July 9 1951 and that death occurred at 3435Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED US Marine Hospital, Balto, Md. 7/10/51 D.W. Patrick. Medical 24 . BURIAL, CREMA-TIEN REMOVAL (Specify) 24c, NAME CEMETERY OR CREMATORY DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S

VS 150

SELLIN E. MILES THE RESIDENCE OF THE PARTY OF T with an fall on my both a Marriago are the state of the second of the state of south print rank to be referred. assault. Inches \* 17 1 tale (10 m) s the level of a section of TACON TO COME THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR 

	500						P= A
					EALTH DEPARTMEN	T	51 6097
B	ATH NOO	97	CI	ERTIFICAT	E OF DEATH	Registere	d No.
1.	NAME OF E		05.45	Wood		2. DATE. OF DEATH	7/10/-1
	PLACE OF E	City, Maryland		0000	4. USUAL RESIDENCE		If institution: residence before admission
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution,	give street address or location)	c. CITY OR TOWN	GalT (If outside corporate li	mits, write RURAL and giv
	ISTITUTION	Sinai	Hosp				township
	ength of	stay in Baltimore		Yrs. Mos.	3 4 9 6/d	(If rural, give location)  North Pt.	67
5	SEX	6. COLOR OR RACE	7. SINGLE, M	Days  IARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
10	M USUAL OC	CUPATION (Give kind of	M	arried	aug/6/92	30	Months Days Hours Min.
		of working life, even if retired)		BUSINESS OR	11. BIRT IPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER	NAME OPERATIVE	)	1	14. MOTHER'S MAIDEN	NAME	
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?   16	S. SOCIAL	Dessir 17, INFORMANT	Jenly	
(Ye	e, no or uokoowo)	(If yes, give war of late	os of service)	SECURITY NO.	Mrs Elsis.	Wood 309	Old Maxe
	1B. 20	/ X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	'(This does	SE OR CONDITION  LEADING TO DEA  not mean the mode of	TH of dving, e.g.,	w In	ra cerebral	Hemasikas	?
	heart failt	complication which	ins the disease.	DUE TO		9	
_		ANTECEDENT CAUS	SES		Hodge Kins	Desens	
TION	DISEASE RISE TO 1	S OR CONDITIONS, I	F ANY, GIVING STATING THE	(B)	* odg z rei ke	,5,185.45	
ERTIFICATION	UNDERL	YING CONDITION LA	IST.	(C)			
TIF	OTUED 6	11		*0			
CER	TRIBUTING	GIGNIFICANT CONDIG TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED	••••			
				NDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-	21B. PLACE	OF INJURY (e.g., i		(If in Baltimore City	yes No very No
ME	CAUSE OF			factory, street, office hidg.,			
1	OF INJURY	(Month) (Day) (Year)	(Hour) 21E.			URY OCCUR?	
h	22. I hereb	y certify that Latt			6/5,1951/to	7/10,19	5, that I last saw th
	deceased a	live on //1		that death occur	rredat 1129 pm., from	//	the date stated above
	23A. SIGNA	ereme	Copp	M. D. 2	3B. ADDRESS	1 2/21	23C. DATE SIGNED
	A. BURIAL,	CREMA- 24B. DATE	2/07 (		RY OR CREMATORY 245	LOCATION (City, tov	vn, or county) (State)
Di	ATE RECEIVE	D BY VEGISTRAR	S SIGNATURE	mare la	25. FUNERAL DIRECTO	DR A	ADDRESS
	CAL REGIST	19517 Handely	ton Villia	Mile, Mile	ulletin	A Horas	2004 File
	VS 150	aber.		1 Mar 6 90	21)		440
					20		770



07	6
51	No 6098

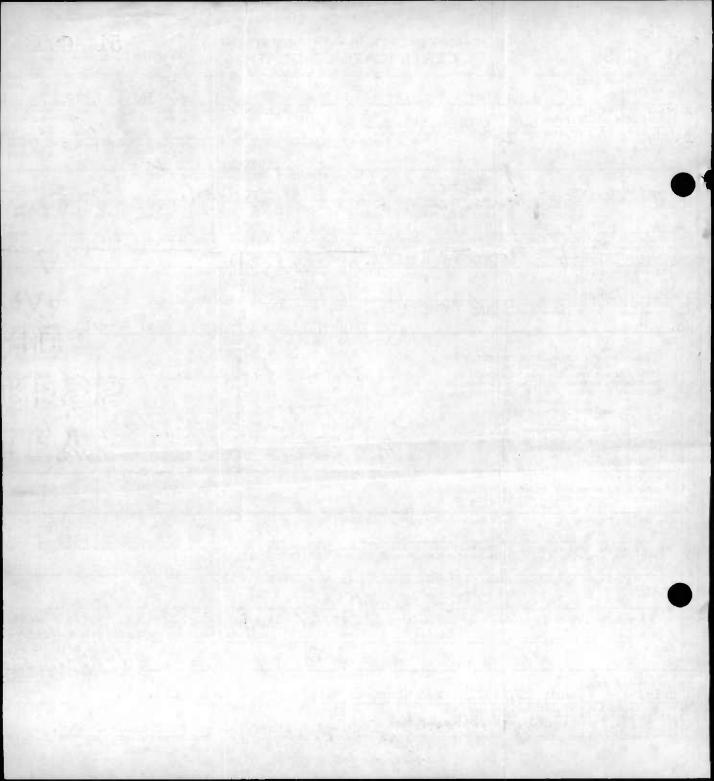
egistered	54	6098
egistered	No	0000

BÍ	RTH NO.		CERTIFICATI	L OI BEATTI				
1.	NAME OF D	ECEASED		2. DATE				
(1)	ype or Print)	JOHN EDWIN	FROMHART	DEATH July 10, 1951				
	PLACE OF D Baltimore (			4. USUAL RESIDENCE (Where deceased lived. If institution; resi	dence lmission)			
В.	FULL NAME		ion, give street address or	Maryland				
	STITUTION	1/4	location)	C. CITY OR TOWN (If outside corporate limits, write RU) AI	and give ownship)			
	(4)			Baltimore 10	ownship)			
	17"	21 77	ears Yrs.	D. STREET ADDRESS (If rural, give location)				
	Length of s	tay in Baltimore	Mos. Days	6541 Parnell Ave.				
5.	SEX	6. COLOR OR RACE   7. SINGLE	MARRIED. /ED, DIVORCED (Specify)		der 24 Hours			
N	lale	White Marr		Nov. 27, 1902 48				
10	A. USUAL OC	CUPATION (Give kind of 108, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN				
	doneduring most of	of working life, even if retired)	INDUSTRY		UNTRY?			
	. FATHER'S		em Steel Co.	West, Virginia				
		t,	Shippers					
	lobert Fr			Sadie Cox				
(Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	1/			
No	) .			Mrs. Mildred Fromhart 6541 Parnell Ave	3.			
	18.	11 × .	CAUSE	OF DEATH INTERVAL ONSET AN				
	DISEAS	SE OR CONDITION DIRECTLY		) ONSE! AN	DEVIU			
		LEADING TO DEATH	. 18	and Jubbrulasia 17	ania			
	heart failu	does not mean the mode of dying, e.g., failure, asthenia, etc. It means the disease,						
	injury or	or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES A 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
z	(8) Bilateral renal luber culosing 47							
9		OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE		involvement, of the grantest track				
A	UNDERLY	ING CONDITION LAST.	(c) Tube	rentario in The Sun Caret V4.	Lares			
CERTIFICATION			(C)xx.xxxxxx		/			
4		11						
œ		IGNIFICANT CONDITIONS CONTROL TO THE DEATH, BUT NOT RELATE						
Ö		ISEASE OR CONDITION CAUSING I						
	19A. DATE C	F OPERATION   198. MAJOR	FINDINGS OF OPER	RATION 20. AUT	OPSY?			
4				YES	NO L			
EDICAL	21A. ACCID LYING OF CAUSE OF	R CONTRIBUTING   about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact located) 1NJURY OCCUR?	ion)			
Σ		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
	FINJURY		WHILE AT NOT WHILE					
		m.	WORK AT WORK					
	22. I hereb	y certify that I attended the	deceased from	1-17, 194910 7-10, 195, that I last	saw the			
	deceased at	live on 7-10-1951.	and that death occur	rred atm., from the causes and on the date state	d above.			
	23A. SIGNA	TURE AT 24	2	238. ADDRESS 23c. DATE	SIGNED			
	60	usero it. New	M. D.	7001 Morum 9 lon Act 7-10	-560			
24	A. BURIAL,	CREMA- 248. DATE	NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)			
	on REMOVAL (S Burial	July 13, 1951	acred Heart, of	f Mary Baltimore, Md.				
_	ATE RECEIVE			25. FUNERAL DIRECTOR ADDRESS				
	CAL REGIST		Limited M. R.					
_	ULII	331		Ullrich Funeral Home 2112 Dundalk Ave.				
		· ·	THE RESERVE					

VS 150

69030

20



Registered No. 6099 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE July 10, 1951 CHARLES RIMMEL DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A Baltimore City, Maryland A. STATE B. COUNTY before admission) Pennsylvania B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Brickicionesca Dilliner D. STREET ADDRESS (If rural, give location) Yrs. July 1, 1951 Mos. ength of stay in Baltimore Days 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH It Under 24 Hours Male White married July 12, 1919 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? fork done during most of working life, even if retired INDUSTRY Penna. 13. FATHER'S NAME real 14. MOTHER'S MAIDEN NAME Joseph Rimmel Cora Hughes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Hosp, records no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple lung abscesses with rupture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxxx into bronchus during pneumonectomy injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

194. DATE OF OPERATION

19B, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE AT WORK WORK

2. I certify that I took charge of the remains described above, held an

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY

238. CHIEF MEDICAL EXAMINER ...
ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR . 24D. LOCATION (City, town, or county)

21c. WHERE DID

INJURY OCCUR?

and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23c. DATE SIGNED July 11

(If in Baltimore City, give exact location)

Wolfe Cemetery

Dilliner, Penna. Schimunek Funeral Home, 2601-3-5 E. Madison St.

2 IF, HOW DID INJURY OCCUR?

Autopsy

Autopsy, Inspection or Inquiry

REGISTRAR'S CIC VATURE LOCAL REGISTRAR

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

Inc.

ADDRESS

20 AUTOPSY

thereon and from

YES X

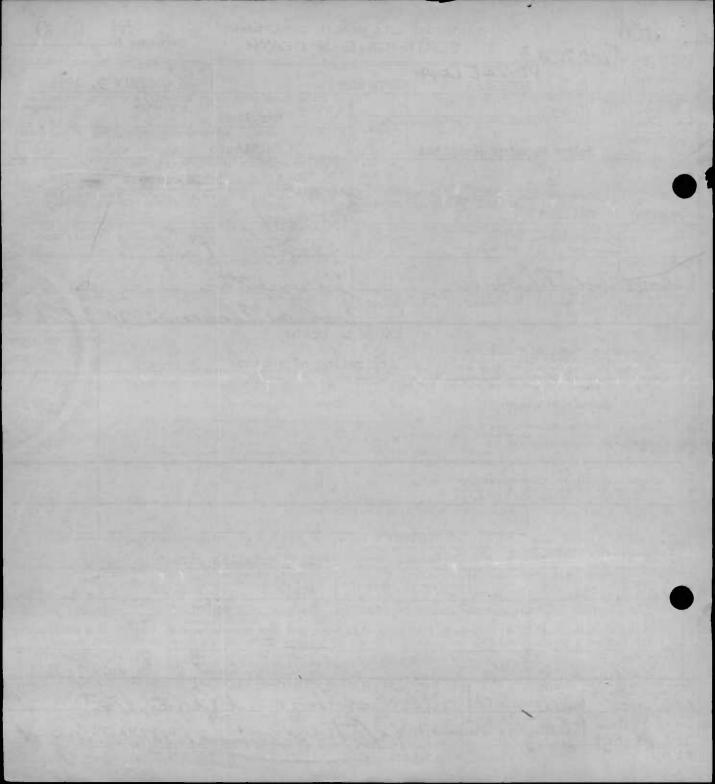
Burial

DATE RECEIVED BY

EDICAL

MILITHER, Penns.

BIRTH NO. 51-07023 CERTIFICATE OF DEATH  1. NAME OF DECEASED VONZELLA  THOMAS  2. DATE OF DEATH July 9, 1951  3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  C. CITY OR TOWN (If outside corporate limits, write TUTAL) and C. CITY OR TOWN (If outside corporate limits) are considered to the corporate limits (ITY OR TOWN) (ITY OR
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  B. COUNTY  C. CITY OR TOWN  (If outside corporate limits, write full Are addressed in the county of
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  A. STATE  B. COUNTY before admits Maryland  C. CITY OR TOWN (If outside corporate limits, write full Arrand towns)
HOSPITAL OR INSTITUTION (If outside corporate limits, write UIA) and towns
Delhimene
Johns Hopkins Hospital Baltimore
Yrs. D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore    Color or RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)
Female Colored 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Months: Days Hours Mark 3/-5/
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State of foreign country) WHAT COUNT
14. MOTHER'S NAME
Cendrew Thomas Vernetta
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   (Yes, no or nnknown)   (If yes, give war or dates of service)   SECURITY NO
Endrew Loomes 12 28 McColloh
18. E 9 7 1.0 I CAUSE OF DEATH INTERVAL BETWOONSET AND DE
DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.
injury or complication which caused death.) OUE TO
ANTECEDENT CAUSES
Z DISEASES OR CONDITIONS, IF ANY, GIVING
Prise to the above cause (a) Stating the Due to Underlying Condition last.
(c)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.
U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPS
21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  UTING CAUSE OF DEATH. Home 1228 McCulloh Street
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
July 9, 1951  A. m.   WHILE AT   NOT WHILE X   Aspiration of vomitus
22. I certify that I took charge of the remains described above, held an Autopsy thereon and f
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural eauses [], aecident [A], suicide [], homicide [], undetermined [].
23A, SIGNATURE   23B. CHIEF MEDICAL EXAMINER   23C. DATE SIGNED   ASSISTANT MEDICAL EXAMINER   Tolar 0 1051
M.D. MEDICAL INVESTIGATOR UT JULY 9, 1971
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta
DATE RECEIVED BY WREDISTRANS SIGNATURE 125 FUNERAL DIRECTOR, ADDRESS
LOCAL REGISTRAR SIGNATURE LOCAL REGISTRAR SIGNATURE LOCAL REGISTRAR
JUL 1 1951 A CATANYY VIlleams 15 15 11 1 Wally P
N-933.4

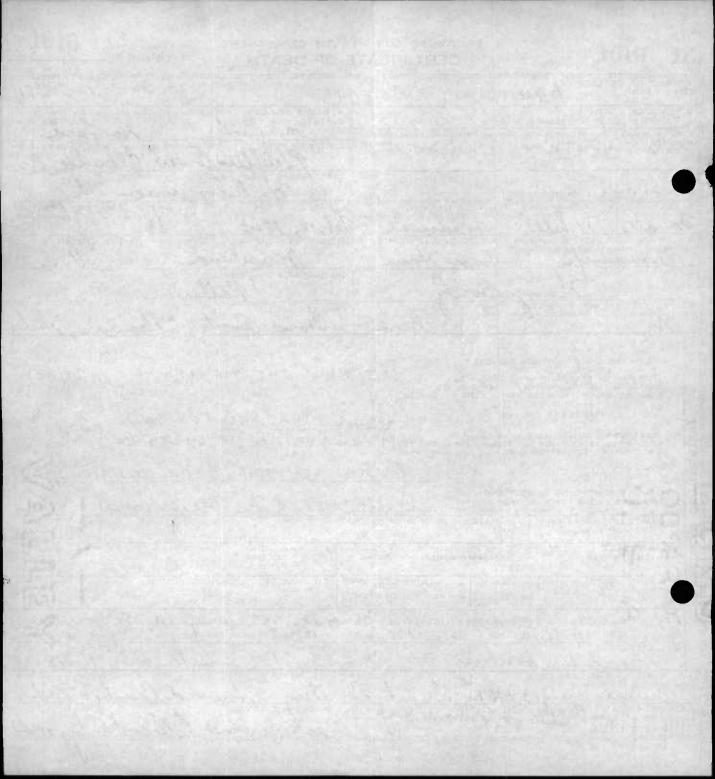


51 6101 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT

	51	6101
1	Registered No.	

В	IRTH NO.		CERTII ICATI	- OF BEATH		
1.	NAME OF DECEASED ANNI	•	MORI	Pis	2. DATE Duly	10, 1951
	PLACE OF DEATH: Baltimore City, Maryland				(Where deceased lived. If ins	stitution: residence before admission)
H	OSPITAL OR I		on, give street address or location)	c. CITY OR TOWN		rite RURAL and give
IN	STITUTION VENTNOR	400	ig e	Pleiffer	10 601	ridge (O.O.
			Yrs. Mos.	D. STREET ADD RESS (	If yural, give location)	7
	Length of stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	Y	der 1 Year   If Under 24 Hours
8	Temale White		ED, DIVORCED (Specify)	Feb. 2. 1863.	last birthday) Month	hs Days Hours Min.
1C worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	IOB. KIND	OF BUSINESS OR		foreign country)   12	2. CITIZEN OF
	Housewife	Own	Home		and	WHAT COUNTRY?
13	FATHER'S NAME	D.	+	14. MOTHER'S MAIREN	NAME .	2
15	5. WAS DECEASED EVER IN U. S. ARVED F 6. no or unknown) (If yes, give war or these of	ORCES?	18 SOCIAL	- Pa	alherne	
(Ye	(If yes, give war or stes of	f service)	SECURITY NO.	17. INFORMANT BA	rito Elbrid	ne mad
	18. 420.0.	E TOTAL		OF DEATH	), or or or or	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	Ba	1.		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e. g	, a, pro	weno pneum	10414	2 days
	injury or complication which cau	sed death.	) DUE TO			
z	ANTECEDENT CAUSE	S	- Chron	ic Myocano	ITI'S AND	2 VEAKS+
OIT	DISEASES OR CONDITIONS, IF A	TATING TH	G DUE TO MY	CARDIAL D	eyen-enentrow	J. C. Francisco
CA	UNDERLYING CONDITION LAST	r.			11 +2	
F	11		(c) / R/E	rissilenotic	It enel Disti	ASC JEARS
ER	OTHER SIGNIFICANT CONDITI	OT RELATE	D (-P14.0)	pulited Aust	teriosclerosis	VIARI
O	19a. DATE OF OPERATION 19B		FINDINGS OF OPER	ATION	C(10 2 5 1 ( 10) 12	20. AUTOPSY?
CAL						YES NO NO
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLA	CE OF INJURY (e. g., in rm,factory,street,office bldg.,e	te.) 21c. WHERE DID	(If in Baltimore City, give	exact location)
ME	Cid. Time (Month) (Day) (Year) (H	Hour)   2	1E. INJURY OCCURRI	ED 21F, HOW DID INJUI	RY OCCUR?	
L	FINJURY	W	HILE AT NOT WHILE			
h	22. I hereby certify that I atten		1	ues 10 1950 to	wee 10, 1951,	that I last saw the
	deceased alive on July 10,		and that death occur	red at 10:30 Pm., from	the cluses and on the	date stated above.
	23A. SIGNATURE M. BN	Men	м. р.	38. ADDRESS	welle it!	23c. DATE SIGNED
24	AA. BURIAL, CREMA- 24B. DATE ON, BEMOVAL (Specify)	2	4C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
	Burial July 13,1	951.	Trinity &	emetery Ho	ward Count	4, md.
	TE RECEIVED BY REGISTRAR'S	SIGNATULE TO	But May 1	25. FUNERAL DIRECTOR	0 600 · is	hit Sul
-	VC 150		U	6 ascone son	no, 6 lucos	uly, Ind.
	VS 150				A -	- 1



1452	EALTH DEPARTMENT 51 6102
BIRTH NO. 6102 51. 1466 4 CERTIFICAT	
1. NAME OF DECEASED (Type or Print)	Williams - OF July 1, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	Williams DEATH JULY 1, 1771  4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE  8. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOPKINS HOSPITAL	Maryland
Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	5805 Macaw Court
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male Negro Single	8. DATE OF BIRTH 9. AGE (In years if Under I year Months: Days Hours: Min. 23.
10A. USUAL OCCUPATION (Givekind of work dane during most of warking life, even if retired)  Infant	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Willis Williams	Lorena Roberts 567951
(Yes, nn or unknnwn) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	mature Cabr 638 som grossmaturt
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 194. DATE OF OPERATION . 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE AT NOT WHILE	
m.   WORK   AT WORK	30.51 1051 / 7-3
	rrcd at 12: 15 Am., from the causes and on the date stated above
George W. Corner Ir.	23b. ADDRESS 23c. DATE SIGNED The Johns Hopkins Hospital 7-3-51
24A. BURIAL, CRÉMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE .  JUL 12195	25. FUNERAL DIRECTOR ADDRESS
VS 150	159

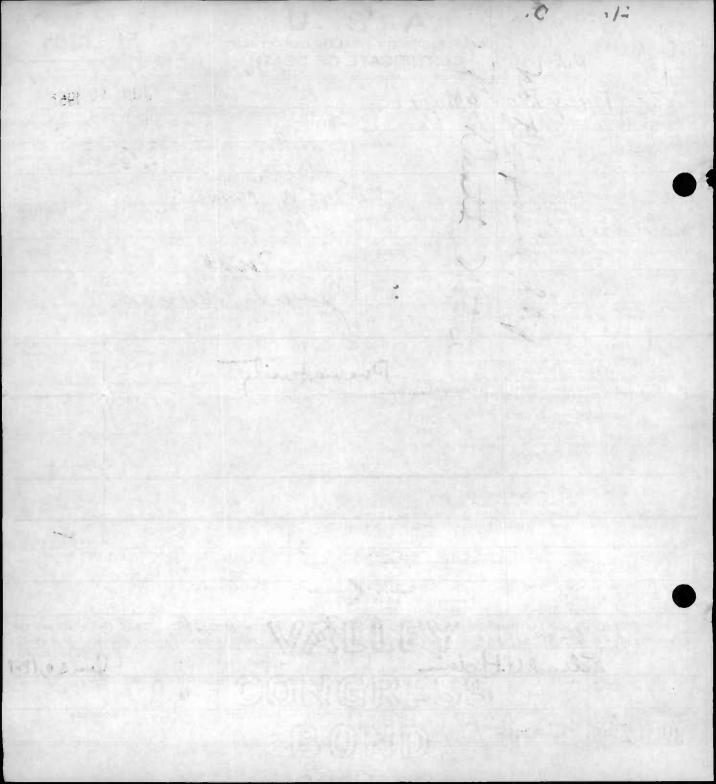
Tunk harmy rew Luck was My marked with the market

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF June 27, 1951 Baby Boy Collins 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY
b fore admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, vrite RURAL and give INSTITUTION The Johns Hopkins Hospital township) Baltimore o. STREET ADDRESS (If rural, give location) Vre Mos. 433 N. Durham Street ength of stay in Baltimore Days AGE (In years | fl Under I Year last birthday) | Months Days | Hours Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours Male Negro June 27, 1951 ingle 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Infant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Wilson Gloria Collins 192281 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. No Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE CEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAI YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from\_ 6-27 1951 to 6-27 , 1951, that I last saw the 19 51. and that death occurred at 10: 30Pm., from the causes and on the date stated above. deceased alive on 527 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED mao Johns Honkins Hospitel 24A. BURIAL, CREMA TION, REMOVAL (Specify 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 19 VS 150 and the property of the second

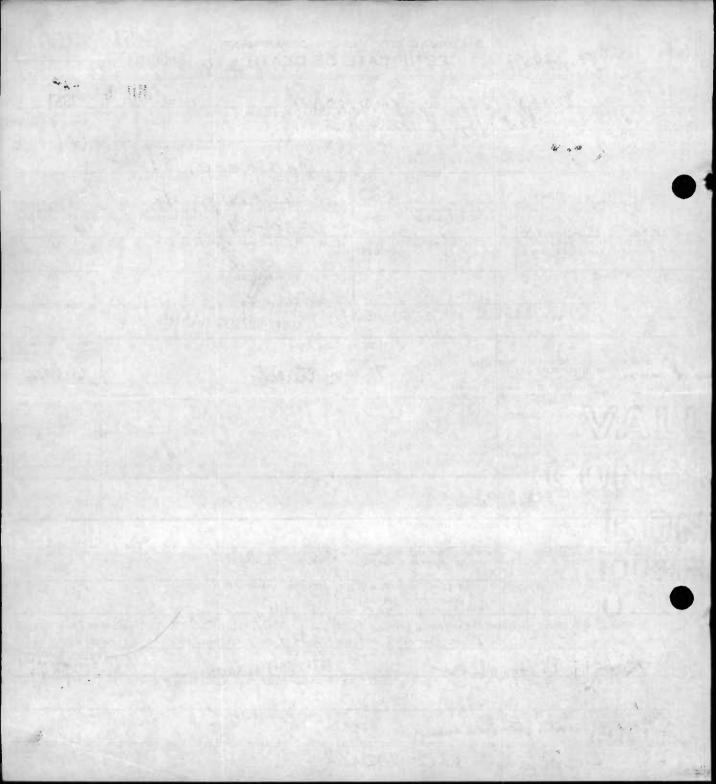
A Commence of the second commence of the seco 

	HOSP. DISPOSAL						
BI	RTH NO. 51-14754 BALTIMORE CITY HE CERTIFICATI		6104				
1. (T	NAME OF DECEASED Paky Ory	orrance 2. DATE OF DEATH	ls 7,18%				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fixed, If ins	stitution : residence before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION	C, CITY OR TOWN (If outside corporate limits,	write RV RAL, and give				
	Yrs.	D. STREET ADDRESS (If rural, give location)	re				
	Length of stay in Baltimore Mos. Days	11071.19on	-dst.				
1	Wale Color or RACE 7. SINGLE, MARRIED, WIDOWED DINORCED (Special)	7-1-5/ last birthday) Month	der I Year Hours 24 Hours Min.				
worl	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)	11/BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY!				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(				
15 (Ye	(i. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL   16. SOCIAL   SECURITY NO.	17. INFORMANT ADD	RESS				
		LIGHTHY SELECTION	- (1)				
	DISTANCE OF CONDITION DIFFERENCE	OF DEATH	ONSET AND DEATH				
	(This does not mean the mode of dying, e.g.,						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
-	ANTECEDENT CAUSES						
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************				
CA	UNDERLYING CONDITION LAST. (C)						
ERTIFI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
C	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	PATION	1 20. AU OPSY ?				
CAL							
MEDIC	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., c		e exact location)				
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY  MHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 7 - 1 , 195, to 7 - 7 - , 195, that I last saw the						
	deceased alive on 7-7-, 19/, and that death occur		date stated above.				
	Robert E. Anglebr M.D.	LOOK BOOKIES ROSPICED	118/11				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24B. DATE 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State)							
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25-FUNERAL DIRECTOR ADDRESS							
1	JL 121951 Kuntugter Hilliams, Max		1,00				
	VS 150		150				

.1	20 HOSP. DISPOSAL				
6	BALTIMORE CITY HE		6105		
BIRTH NO. N.K. CERTIFICATE OF DEATH Registered No.					
(:	Sype or Print) Baby Boy Morris.	2. DATE OF DEATH	3 0 1951		
A	Baltimore City, Maryland / FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)		
H	OSPITAL OR location)		write RURAL and give township)		
1	Yrs.	D. STREET ADDRESS (If rural, give location)			
- Committee	Longth of stay in Baltimore Mos. Days	148 W. MAIN ST.	724		
5	Male white S. MARRIED, WIDOWED, DIVORCED (Specify)		der Veer Hunder 24 Hours Days Hours Min.		
	DA. USUAL OCCUPATION (Give kieded) k done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY?		
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	June V. Morris			
(Y	(If yes, give war or dates of service) SECURITY NO.	INFORMANT HOPKINS HOSPITA	PRESS		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	ematurily	INTERVAL BETWEEN ONSET AND DEATH		
CATION					
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.				
AL	19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
EDICA	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about hoice, farm, factory, street, office bldg., of CAUSE OF DEATH				
M	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY				
m.   WORK   AT WORK   22. I hereby certify that I attended the deceased from 6 - 27 - , 1957, to 6 - 30 - , 1957, that I las					
	deecased alive on 6 - 30 - 1957, and that death occur	rred at 6 13 Am., from the causes and on the	date stated above.		
	23A. SIGNATURE Clevel b. Keplein M. O.	ONKS HOPKIRS HOSPITI	Jun So, 185		
2 TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF GEMETE	RY OR CREMATORY 240. LOCATION (Circ. town, or	donty) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR 12195	25. FUNERAL DIRECTOR A	DDRESS		
	VS 150		159		

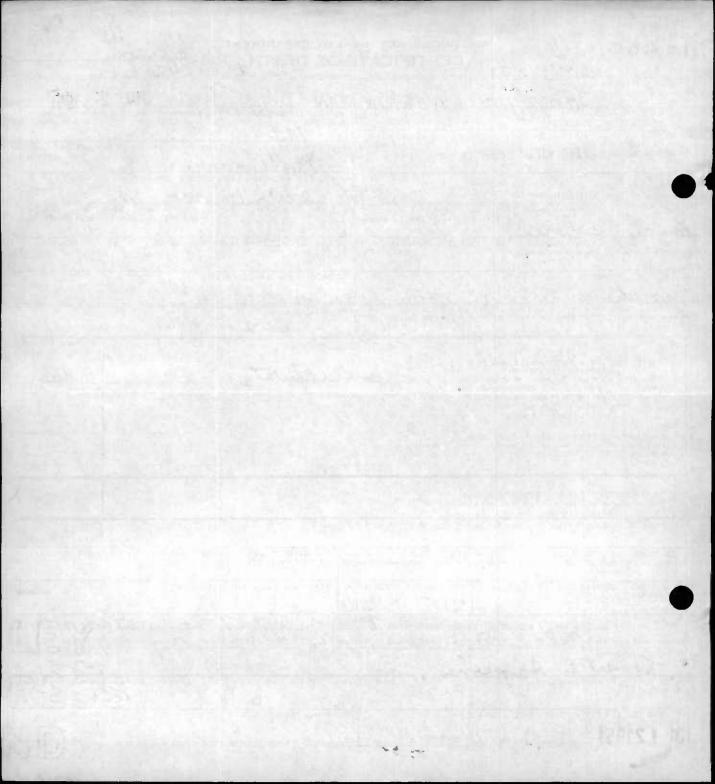


553	06-, ,,,,,,	BALTIN		ALTH DEPARTMENT	51 Registered N	
1. NAME OF D (Type or Print)	57-14959 ECEASED	S CE	RIFICALI	E OF DEATH A-	86239   2. DATE   OF	
3. PLACE OF DE A. Baltimore C. B. FULL NAME HOSPITAL OR INSTITUTION	ity, Maryland (If not in hospital		ive street address or location)	EUSTATE Md.	DEATH JUL Where deceased lived, If i B. COUNTY	before dimission)
n'y	ay in Baltimore	7. SINGLE, M.	Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)  St.  19. AGE (In years)	Under 1 Year   11 Under 24 Hours
Male 10A. USUAL OCC work done during most n	colored	WIDOWED,	BUSINESS OR INDUSTRY	6-30-51 11. BIRTHPLACE (State or 1	last birthday) Mor	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASE (Yes, no or nnknown)	D EVER IN U. S. ARMED (If yes, give war nr dates of	FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT	S KOSPITEI AC	DDRESS
Z OISEASES RISE TO THE UNDERLY OTHER STARBUTING	E OR CONDITION D LEADING TO DEATH not mean the mode of e, asthenia, etc. It mean- complication which ca  ANTECEDENT CAUSE  OR CONDITIONS, IF IE ABOVE CAUSE (A) S ING CONDITION LAS  II GNIFICANT CONDIT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO SEASE OR CONDITION (SEASE OR CONDITION)	d dying, e. g., the disease, used death.)  S  ANY, GIVING TATING THE T.				INTERVAL BETWEEN ONSET AND DEATH
. 19A. DATE O			IDINGS OF OPER	ATION		20. AUTOPSY7
LYING OF	CONTRIBUTING	21B. PLACE about home, farm, f	OF INJURY (e. g., in actory, street, nffice bldg., e	nr 21c. WHERE DID (to.) INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
FINJURY		m. while wor	eased from 6- that death occur		7-5-, 195/, the causes and on the	that I last saw the e date stated above.
24A. BURIAL, C TION, REMOVAL (S	REMA- 24B. DATE V	CAC.		RY OR CREMATORY 24D. L	OCATION (City, town, o	or counts)   State)
DATE RECEIVED LOCAL REGISTR	BY REGISTRAR'S		L, M. S.	25. FUNERAL DIRECTOR	0 9 7	ADDRESS
VS 150	Hospita		coposi	al		159

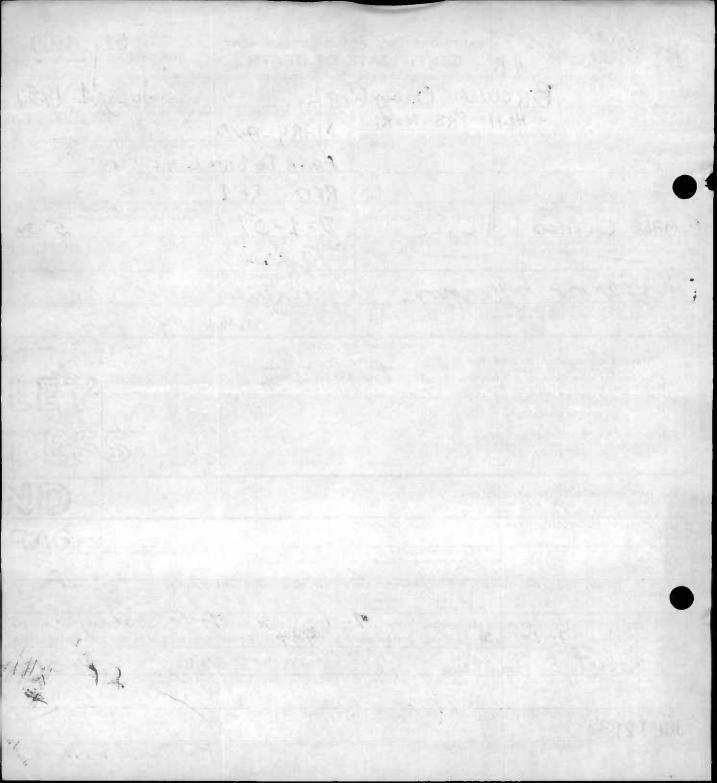


53	04.024	BAL	TIMORE CITY HE	EALTH DEPARTMENT	51	6107	
BIRTH NO.	6107 51-14	161	CERTIFICAT	E OF DEATH	Registered No	0	
1. NAME OF (Type or Print					2. DATE OF		
3. PLACE OF			Baby Boy	Rhoten	DEATH June	25,1951	
	e City, Maryland			4. USUAL RESIDENCE (	B. COUNTY	before admission	
B. FULL NAM	IE OF (If not in hospit R	al or institution	on, give street address or location)		Contricts on the limit of	2003	
NOITUTION		1-1 77		township			
The Johns Hopkins Hospital  Yrs.  Mos.				Baltimore D. STREET ADDRESS (If	rural, give location)		
ength of	f stay in Baltimore			1810 North Collington Avenue			
5. SEX	6. COLOR OR RACE		. MARRIED,	8. DATE OF BIRTH	19 AGE (In vents) Hill	nder I Year   H linder 24 Nous	
Male	White		ED, DIVORCED (Specify)	6-25-51	last birthday)   Mon	the Days Hours Min.	
10A. USUAL	OCCUPATION (Give kind of ost of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   1	2. CITIZEN OF	
Inf	ant		INDUSTRY	Maryland		WHAT COUNTRY	
13. FATHER'S	SNAME			14. MOTHER'S MAIDEN N	AME		
	s Rhoten			Mary Rembold (575161)			
Yes, no or unknow	ASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital	Records	DRESS	
RISE TO UNDER	ANTECEDENT CAUS SES OR CONDITIONS, II D THE ABOVE CAUSE (A) RLYING CONDITION LA  II SIGNIFICANT CONDI	F ANY, GIVING STATING THE ST. TIONS CON NOT RELATES	(C)				
	OF OPERATION / 1		FINDINGS OF OPER	RATION		20. AUTOPSY?	
						YES NO	
LYING	CAUSE OF DEATH						
21D. TIME	(Month) (Day) (Year)		HILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?		
22. I her	eby certify that I att		1 1	25 1951/to	6-25 , 19 5]	that I last saw th	
deceased	100			rred at 2:00P.m., from t			
23A. 8161		V.	()  2	3B. ADDRESS		23c. DATE SIGNED	
1 /2	The OII &	pluc	# // M.D.	The Johns Hopkin	s Hospital	6-28-51	
24A. BURIAL TION, REMOVAL	(Specify)	2	HOST DE	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)	
DATE RECEIV	STRAB	S SIGNATUL	auss, M.M.	25. FUNERAL DIRECTOR	, 0 9 8	ADDRESS	
VS 150		4 BA	The supplier of the supplier o				
						159	

151 Stell DAR 800	BALTIMORE CITY HE		Registered No	1 6108		
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A Baltimore City, Maryland	girl Washing	4-8	2. DATE OF DEATH ere deceased lived, If in B. COUNTY	2 1951 estitution: residence before admission		
	of or institution, give street address or location)  S HOSPITAL  Yrs.	C. CITY OR TOWN (IF OUT )	itside corporate limits.	write RUNAL and give		
Lemale colored	Mos. Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		last birthday) Mont	nduit Year ths: Days Hours Min.		
13. FATHER'S NAME  Model Description (Give kind of working life, even if retired)  13. FATHER'S NAME	Shing of BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAM		2. CITIZEN OF WHAT COUNTRY		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	INTERVAL BETWEEN					
DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es	1 day					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT IT TO THE OISEASE OR CONDITION	NOT RELATED					
19A. DATE OF OPERATION 1S  U 21A. ACCIDENT WAS UNDER LYING CONTRIBUTING CAUSE OF DEATH	YES NO Ve exact location)					
Sio. Time (Month) (Day) (Year)	m. WHILE AT NOT WHILE					
22. I hereby certify that I atted deceased alive on 7-2-	, 1957, and that death occur	red at 220 Am., from the	causes and on the	that I last saw the date stated above. 23c. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAR'S	M. O. 1		CATION City, town, or	r county) (State)		
JUL 1 2 1951 1 1 Tour tour	ton Williams, Mr	3.120.01		150		



BALTIMORE CITY HEALTH N.R. CERTIFICATE OF	
1. NAME OF DECEASED BROWN "Baby GIR	L 2. DATE OF JULY 1 1951
A. Baltimore City, Maryland HLH TRE IVK,  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  A. ST  C. CI	SUAL RESIDENCE (Where deceased lived. If intitution: residence before admission)  HRYLAND  TY OR TOWN (If outside corporate limits, write RURAL and give township).
Tength of stay in Baltimore  Mos. Dnys  Re	REET ADDRESS (If rural, give location)
FEMALE COLORED SINGLE (Specify)	TE OF BIRTH 9. AGE (In years   If Under 1 Year   Index 24 Hours   Index 1 Year   Index 24 Hours   Index 24 H
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	RTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Brown 14.M	OTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. 17. IN	HONES HOPKIES HUSFILL ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  UNDERLYING CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	ONSET ANO OEATH
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g., in or 2)	20. AUTOPSY? YES NO  IC. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) IN CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2  WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 7 , 1951, and that death occurred at 23A. SIGNATURE 23B. AD	15. HOW DID INJURY OCCUR?  1951, to 7-1-, 1951, that I last saw the 92 pm., from the causes and on the date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FI	JNERAL DIRECTOR ADDRESS
VS 150	159



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6110

BIRTH NOT LAW							
1. NAME OF DECEASED (Type or Print)	lary Peterson		2. DATE OF DEATH July 8, 1951				
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital OR Baltimore City H940)  4940 Eastern A	Hospitals location	Maryland	There deceased lived. If institution: residence  B. COUNTY before admission)  outside corporate limits, write R.D.R.A. and give township)				
ength of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If ) 555 Mosher St					
Female Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH Feb. 14, 1923	9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   Months Days   Hours Min.				
work done during most of working life, even if retired)  HOUSE WIFE	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Frank Summer		14. MOTHER'S MAIDEN NA Julia Kar					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wer or dates of	FORCES? 16. SOCIAL SECURITY NO.	Records: B. C. H	. 4940 Eastern Avanue				
DISEASE OR CONDITION D  LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT N TO THE OISEASE OR CONDITION OF	dying, e.g., sthe disease, used death.)  S  ANY, GIVING STATING THE DUE TO  T. (C)  IONS CON- OT RELATED	monary Tuberculosi	s $2\frac{1}{2}$ Yrs.				
	B. MAJOR FINDINGS OF OPER		20. AUTOPSY?				
T1-27-50 Pulmonary Tuberculosis YES  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, feetory, atreet, nffice bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact INJURY OCCUR?)							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 5-9, 1949, to 7-9, 1951, that I last so deceased alive on 7-9, 1951, and that death occurred at 9:15Pm., from the causes and on the date stated 23A. SIGNATURE  23B. ADDRESS  23C. DATE SI 4940 Eastern Avenue  7-9-51							
TION, REMOVAL (Specify)  DATE RECEIVED BY RESIDER	M. D.						

THE AVEN CONSTRU strate and the State State State State The state of the s 

	51	6111
Lamata	BT.	The same of the same of

1/B	IRTH NO. 1			CERTIFICATI	E OF DEATH	Registere	d No.
1.	NAME OF D	ECEASED				2. DATE	
		Frederick M	Loos				ly II. 1951
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENC	E (Where deceased lived B. COUNTY	. If institution : residence before admission
В.	FULL NAME		al or institutio	n, give street address or	Md.		~ /
	SPITAL OR			location)	c. CITY OR TOWN	(If outside corporate li	mits write RURAL and give township
115	1)	1203 Glenarm	Ave		Balto	10	with the state of
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
-		tay in Baltimore		Days	1203 Gler		
3	SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Year   II Under 24 Hours   Months: Days   Hours   Min.
	Male	White		ried	Dec 4 1875	75	
wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Retire	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	CCarpe	nter		oyee	_ Balto City		U. S. A.
13	FATHER'S	NAME	1	65	14. MOTHER'S MAIDE	N NAME	
	- Emi	L.J. Ioos			000 mm	•	
15 (Ye	. WAS DECEAS!	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	No			None	Mrs Frederic	k Loos 4203 0	lenarm Ave.
	18. 100	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	10	SE OR CONDITION	DIRECTLY			0 1.	ONSET AND DEATH
		LEADING TO DEAT	ГН	(ar	anoma 1	Ryst Kid	men 2.41.
	heart failt	re, asthenia, etc. It mea	ns the disease,		0		
	injury or	complication which c	aused death.)	DUE TO			0
1		ANTECEDENT CAUS	ES				
O		S OR CONDITIONS, I			***************************************		
1 A		HE ABOVE CAUSE (A)		DUE TO			
RTIFICATION	Section 1						
IIE.		II		(C)			
ER		GIGNIFICANT CONDI			0 11 0+	0.	1000 1-000
U		F OPERATION 1	CAUSING IT.		AT ON	were course	20. AUTOPSY?
AL	ISA, DATE C	OF OFERATION O	SB. MAJOR I	-INDINGS OF OPER	ATRIN		YES NO
110	21A. ACCIDE	NT, SUICIDE,	218. PLAC	E OF INJURY (e.g., in	or   21c. WHERE DID	(If in Baltimore City	y, give exact location)
EDI	HOMICIDE	(Specify)	about home, far	m, factory, street, office bldg., e	(c.) INJURY OCCUR?		
Σ	21p. TIME	(Month) (Day) (Year)	(Hour)   21	IE, INJURY OCCURRI	ED 21F, HOW DID IN	JURY OCCUR?	
	PF INJURY	(===, (===,	* ME	ILE AT NOT WHILE			
				VORK L AT WORK			
			ended the d	eceased from	- 2 , 1950, to	7-//	1, that I last saw th
		ive on 7-11	, 19.5(_, ar		red at 8.35 Hm., fro	om the causes and or	the date stated above
	23A, SIGNA	TURE / P	- 0.	2	3B. ADDRESS	O of But	6 23c. DATE SIGNED
2	4A. BURIAL.	CREMA- 24B, DATE	ryhi	M. D.	0 110	D. LOCATION (City, to	1-11-36
	ON REMOVAL (S	pecify)	-				
-	Burial	7. I3.	1951	Parkwood C		1 () Balltimo	
	ATE RECEIVE		SIGNATUR	E del sed	25. FUNERAL DIRECT	0	ADDRESS
	UL 1 219	3511	42/1/4/4	ALLIE , Market	Lassahur F	meal Hong?	OI Belair Rd.
	VS 150	The State of the S	·明治是1000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·			500
11 ,							520

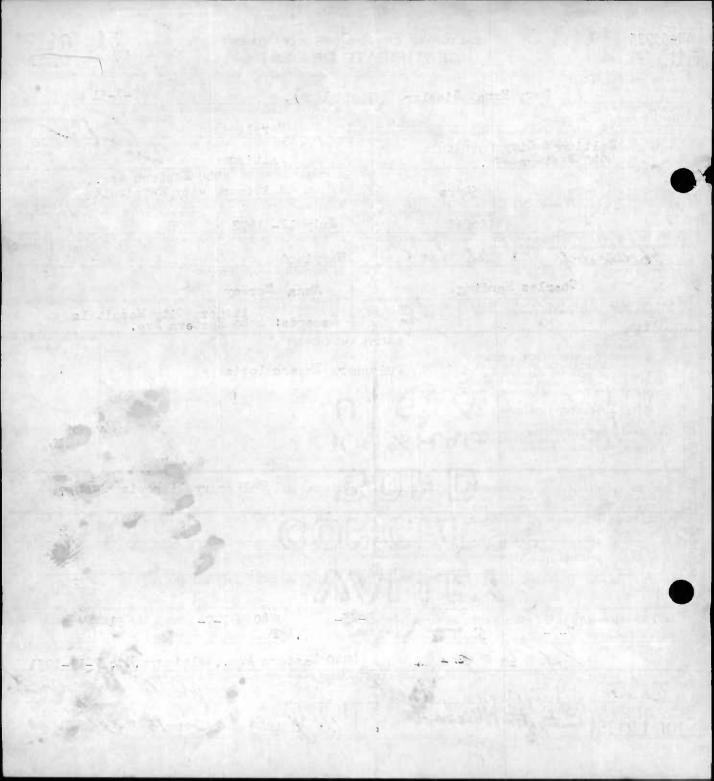
CONTROL OF DOMEST OF SURFACE Territor and and SOUT MARKET WATE DWA are no CG (1951) Pro Leading or A museout ton Treatment of the local read and are.

AB-55935 51 6112

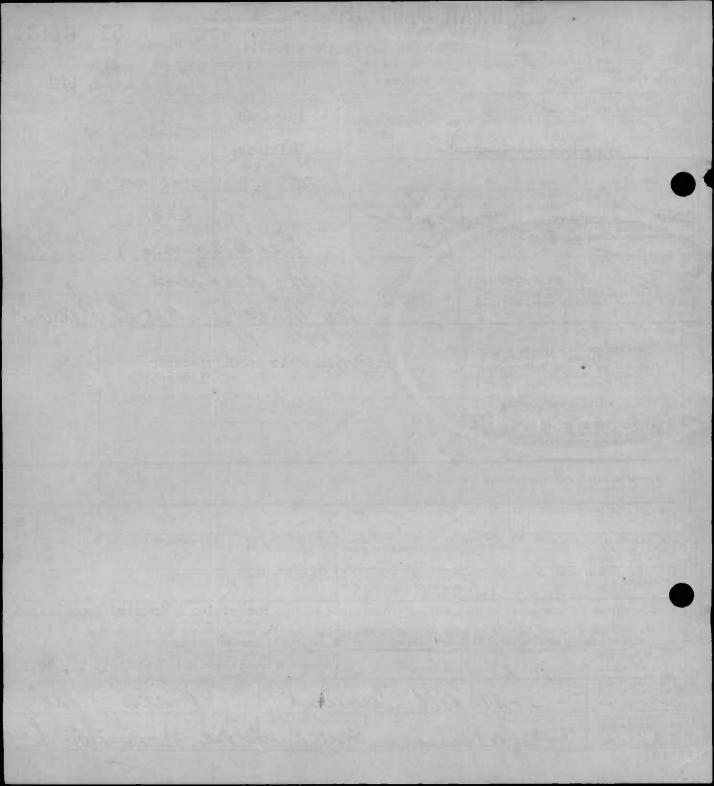
### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 6112

BIR	TH NO.	1		CERTIFICATI	OF DEATH	registered i	10.
	NAME OF pe or Print)					2. DATE	
		Mary	Emma	Giesler &Gie	seler).		7-51
A. I	Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. F	ULL NAME	OF (If not in hospit	tal or institut	ion, give street address or location)	Maryland	001	1
INS	TITUTION	Baltimore Ci	ty Hosp	itals		outside corporate amit	s, wi te RURAL and give township)
1	3	4940 Eastern	Ave.		Baltimer e		
				Yrs. Mos.	D. STREET ADDRESS 40	401. Exelven A	ve
		stay in Baltimore	54	TS Days	Baltimore	City Hospit	als
5. 5	EX	6.COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
	F.	We	Widowe	∍d	July 12- 1872	78	Titule Days Hours Mill.
10A	. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	9600	De wele	us	home industry	Maryland		WHAT COUNTRY?
13.	FATHER'S	NAME /			14. MOTHER'S MAIDEN NA	ME	
		Charles	Harding		Anna Dorsey		
15.	WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL		Δ	DORESS
(100,	no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Records: 4940 Es	re City Hos	pitals /
	18. 00-	VX 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				
	(This doe	s not mean the mode of	of dying, e. g	Pulmona	ary Tuberculosis		3
	injury or	ure, asthenia, etc. It mea complication which of	ns the disease aused death	e, .) DUE TO			
		ANITECEDENIE CALL		1-04-15-20 - 0			
z		ANTECEDENT CAUS	555	(0)			
ō	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G (B)			*******
ATIO	UNDERL	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			A TOTAL OF
U				(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
		11		(1) T	1 . D .	F	
E C		SIGNIFICANT CONDI		. unronic am	phsema and Pulmona	ry ibrosis	7
U 🛌	TO THE	DISEASE OR CONDITION	CAUSING I	r			
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
<u>ح</u>   ح			1 or = ===			1 0 11	YES NO L
ED	LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	about home, fo	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e	tor 21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, g	give exact location)
≥  -		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	FINJURY			WHILE AT NOT WHILE			
-	22 7 1		m.	WORK AT WORK	E 1010 . D	<b>n</b> 10 d	
	22. I nere			deceased from 5-2		/ <del></del> , 19_5	1 that I last saw the
	aeceasea a 23A. SIGNA	live on 7-7-	_, 19		red at 7.45Pm., from th	e causes and on th	
	204. 010144	(1)	66	4	940 Eastern Ave.,1	Rollings Ma	23c. DATE SIGNED
24A	. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETER		CATION (C)ty, town,	
	REMOVAL (			13.0%	TO CONCENTATION CAD. 20	12,00	Ques
DAT	E RECEIVE	m july!	3/1951	David	AE EMPERAL DIMEGRA	WW T	
Loc	AL REGIS	TRAR		RE AND S	25. FUNEBAL DIRECTOR	0 14	ADDRESS
	UL 12	1951	7 - 7 - 7 - 7 - 7 - 7		W p allered of	140 x	Thurses M
	VS 150	· Mary or	~相談學家	PH & YAMES			1216
							1212



Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF July 10, 1951 BERNSTEIN MORRIS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate lim Baltimore City Nor ue RURAL and give INSTITUTION township) Johns Hookins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1825 E. Baltimore Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | It bears | It bears | It bears | It bears | Hours | Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL, OCCUPATION (Give kind of BUSINESS OR 11. BIRTHPI (State or foreign country) 10B. KIND OF 12. CITIZEN OF work done during most of working life, ever if retired) UNDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME now 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ATH. INFORMANT DORES (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and Aeath in my opinion resulted from: natural causes . accident . suicide . homicide . undetermined . 23A. STONATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... July 11. MEDICAL INVESTIGATOR TERY OR CREMATORY 24D. LOCATION (City, tawn, or county). , REMOVAL (Specify) DATE RECEIVED BY A FUNERAL DIRECTOR SIGNATURE ADDRESS LOCAL REGISTRAP V S 151

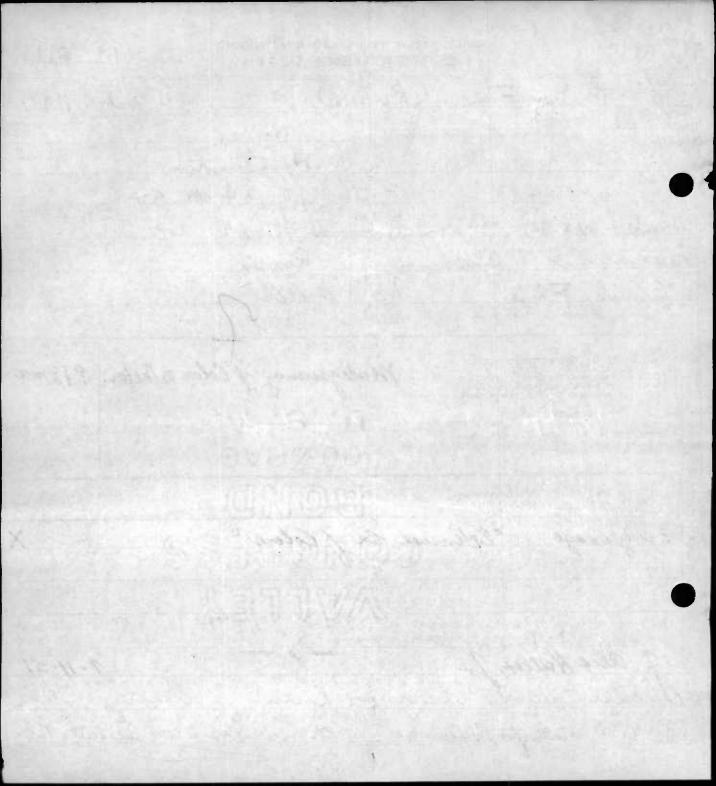


500

#### CERTIFICATE OF DEATH

Registered No.1 6114

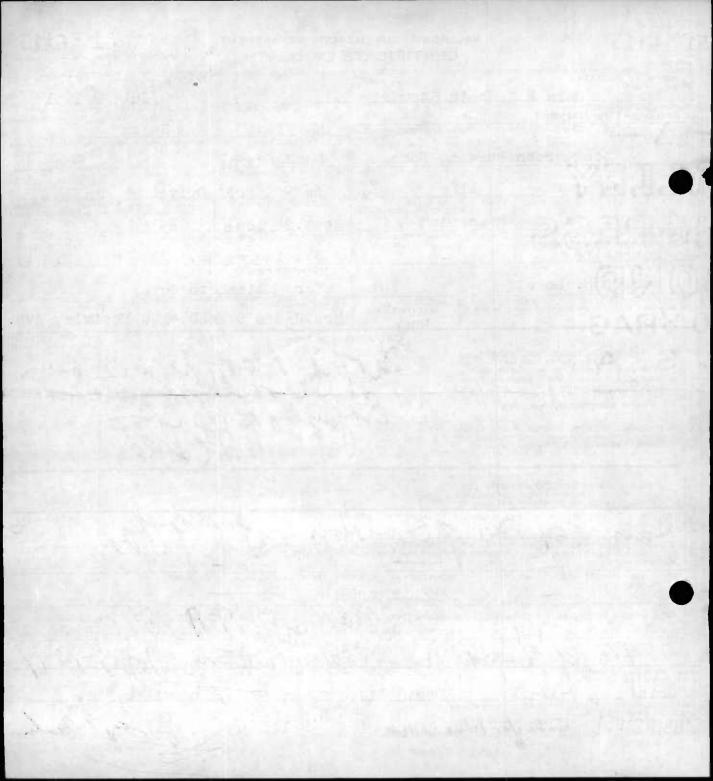
В	IRTH NO.	C	ERTIFICAT	E OF DEATH	Registered	No.L III.I.1
1. (2	NAME OF DECEASED	Fine	(RUBI	N)	2. DATE OF DEATH	lm11.10c1
	Baltimore City, Maryland			4. USUAL RESIDENCE		institution: residence before admission)
В.		tal or institution	, give street address or	W.VA.	V-	45
	ICTITUTION	life than	Iocation)	C. CITY OR TOWN	If outside corporate limi	ts, write RURAL and give township)
	TANK MAN	MINS BUSH	Yrs.	D. STREET ADDRESS (I	f (vral, give location)	
	Length of stay in Baltimore		VO Mos.	1 1 4 4	ith GL	
5	SEX 6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year   If Under 24 Hours
	male White	mu	man (specify)	4-17-59	6P	onths Days Hours Min.
WOT	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	10B. KIND C	F BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	Clock	hung	Kussia		
	9 . E.		0 (15)	14. MOTHER'S MAIDEN	NAME	
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	I6. SOCIAL	17. INFORMANT		DDGGG
(10	s, no or unknown) (If yes, give war or date	es of service)	SECURITY NO.	JOHNS HOPAI	as kospita.	DDRESS
	18. 153 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA	TH	W.		1 n1	ONSET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It mea	of dying, e.g.,	(A) Mal	egnancy of c	plon to Meta	p. 18 mar
	injury or complication which c	caused death.)	DUE TO	0 0 8		
7	ANTECEDENT CAUS	SES				
TION	DISEASES OR CONDITIONS, I	F ANY, GIVING	DUE TO		***************************************	
Q.	UNDERLYING CONDITION LA	AST.	(C)			
IFIC						
ERTI	OTHER SIGNIFICANT CONDI	TIONS CON-				
O	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
1 L	19A. DATE OF OPERATION 0 1	9B. MAJOR F	INDINGS OF OPER	ATION 11		20. AUTOPSY?
EDICAL	21A. ACCIDENT WO UNDER-	218. PLACE	E OF INJURY (e. g., in	21c. WHERE DID	(If in Baltimore City,	YES NO
	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm	a, factory, street, office bldg., e	INJURY OCCUR?		,
Σ	21D. TIME (Month) (Day) (Year) FINJURY	(Hour)   21	E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
L			DE AT NOT WHILE			
-4	22. I hereby certify that I att	ended the de	eeased from	0-14, 1951, to_	7-11,195	I, that I last saw the
	deceased alive on 7-11	_, 19. <b>5</b> /_, an	d that death occur	red at 505 Pm., from	the causes and on t	
	23A. GIGNATURE	1	2	3B. ADDRESS IN MAUNINS	REINPL	he date stated above.
	a alex Holl	de la		38. ADDRESS HOPKINS	HAMITAN	he date stated above.  23c. DATE SIGNED
24	A. JUNAL, CREMA- 248. DATE	t, 1240	M. D.		OCATION City, town	7-11-51
24 TIC	A. JUNAL, CREMA- 248. DATE	4, July 240	м. D.			7-11-51
	A. JUNIAL, CREMA- 24B. DATE OF THE PROPERTY OF	S SIGNATURE	м. D.			7-11-51
TIC	A. JUNIAL, CREMA- 24B. DATE OF THE PROPERTY OF	S SIGNATURE	м. D.	RY OR CREMATORY 24D. I		23c. DATE SIGNED  1-11-31  or county) (State)
TIC	A. JUNIAL, CREMA- 24B. DATE OF THE PROPERTY OF	S SIGNATURE	M. D. I	RY OR CREMATORY 24D. I		23c. DATE SIGNED  1-11-31  or county) (State)



12	13
	0115
17	pllo

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sara Elizabeth Stewart DEATH July 9.195] 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Balto HOSPITAL OR 115 E. Me/12050 AVE location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Long Green Nursing Home Lochearn -7 Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 6629 Laurel Davs Drive 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Married Sept. 26, 1887 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Baltimore, Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Lovett Sara Elizabeth Guver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. James S. Hebb, 4100 Westview Ave. No None 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DATE OF OPERATION 19B. MAJOR FINDINGS EDICA 21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.) A. ACCIDENT WAS UNDER 21c. WHERE (If in Baltimor , give exact location) INJURY OCCUP? FING□ OR CONTRIBUTING□ LAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE ATT 22. I hereby certify that I attended the deceased from /// that I last saw the from the cluses and on the date stated above, and that death occurred at\_ deceased alive on 3c. DATE SIGNED 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OF CREMATORY re Cemetery (Pikesville 25 FUNERAL DIRECTOR H. SANDER & SONS, INC Baltimore 13.Md Burial Druid Ridge Md DATE RECEIVED BY ADDRESS LOCAL REGISTRAF

VS 150



11	250		
1	1 (914)	EALTH DEPARTMENT \ 51	6116
E	CERTIFICAT	E OF DEATH Registered No.	
	NAME OF DECEASED	//   2. DATE () 0,	0 =
	PLACE OF DEATH:	tasing DEATH/My	0,1951
A	. Baltimore City, Maryland 11-610 3 8		before admission
F	FULL NAME OF (If not in hospital or institution, give street address of location location)		RURAL and giv
1	NSTITUTION AUDITAL	Magna - ym P-	wnship
F	Yrs.	D. STREET ADORESS (If rural, give location)	
C	ength of stay in Baltimore Mos.	212 + 54-	5300
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Mocify	8. DATE OF BIRTH 9. AGE (In years If Under last birthday) Months! I	Year      Under 24 Hours Days   Hours   Min.
-	OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	10.11-43 7	
WO	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  INDUSTR		ITIZEN OF HAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4 .
	Kohenh Itaslinas	masto Lih	60
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	SS
	SECORITY NO.	HOPKINS HOPFILL.	
	18. 340.0 CAUSE		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T. Fr. 1:	5.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	isus fregericus	1 WPS
	injury or complication which caused death.) DUE TO	- (/ V	,-
	ANTECEDENT CAUSES	belefrey	2 yrs
LON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		0
∥⋖	UNDERLYING CONDITION LAST.	Aluere of Merine tis	
FIC	N=		311/
R	OTHER SIGNIFICANT CONDITIONS CON-		
C	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	you	
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		YES NO L
EDIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give ex	
ME	CAUSE OF DEATH	MJORT OCCUR	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		
	WHILE AT NOT WHILE		

WORK

22. I hereby certify that I attended the deceased from 5 - 7 - , 195/to 7 - 10 - , 195/that I last saw the deceased alve on 7 - 195, 195 and that death occurred at 8: 12 m., from the causes and on the date stated above. 195/to 7 - 10 - , 195 that I last saw the deceased alive on\_ 23A. SIGNATURE -

Javiel

238. ADDRESS HOPLIS HUSPITA

23c. DATE SIGNED 7-10-57

24B. DATE BURIAL CREMA-REMOVAL (Specify)

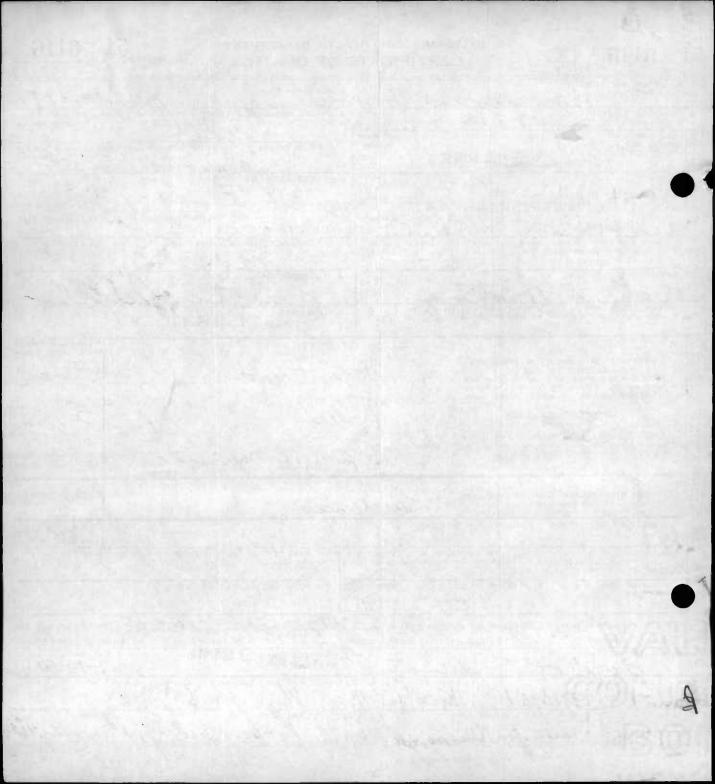
HON (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

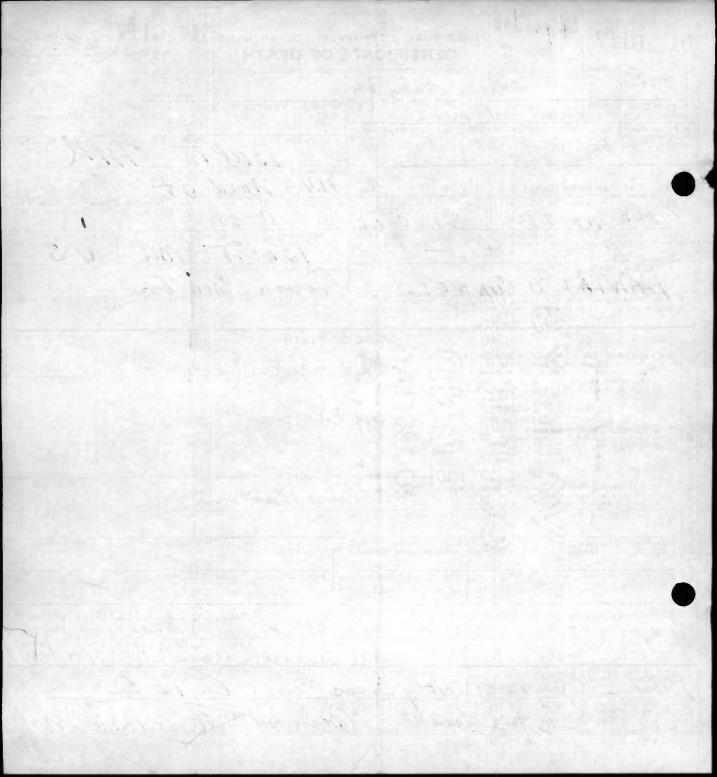
25 FUNERAL DIRECTOR

ADDRESS

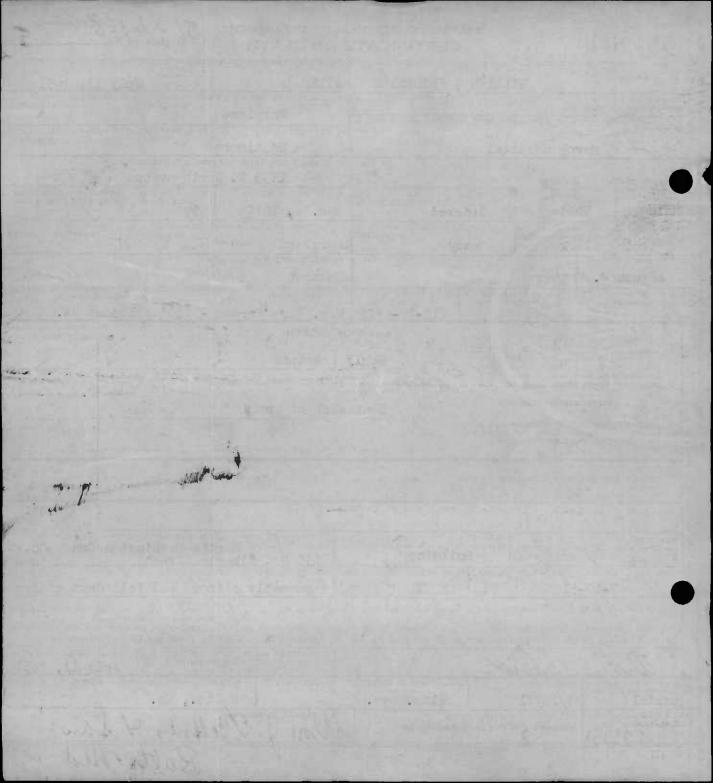
VS 150



	1 013m 510/2	608			_51 6117/	1100
5	1 611/0 24	DALII		EALTH DEPARTMENT OF DEATH	Registered N	,48856
	RTH NO.	1		L OI DEATH		
(T	NAME OF OECEASEO	Connell,	Baby BA	's	2. OATE OF OEATH	11-57
	PLACE OF DEATH: Baltimore City, Maryland	Partini	ME (	4. USUAL RESIDENCE	(Where deceased lived, If	nstitution: residence before admission
а.		spital or institution,	give street address of	T		
	STITUTION Municersi	ty tock	ital	Ba	(If sutside corporate limits	, write RERAL and give township
	ength of stay in Baltimor		Yrs. Mos. Days	1143 Was	(If rural, give location)	21-02
5.	MALE WHIT		ARRIED, DIVORCED (Specify	9 July 11-5		Under 1 Year H Under 24 Hours this Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind done during most of working life, even if ret		F BUSINESS OR INDUSTR		md	12. CITIZEN OF WHAT SUNTRY
13	FATHER DANGERS D	CONNI	F11	14. MOTHER'S MAIDEN	Miller)	
15 (Yes	. WAS DECEASED EVER IN U. S. AF I, no or unknown) (If yee, give war or	MED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	AC	ORESS
NOI	DISEASE OR CONDITION  CThis does not mean the moheart failure, asthenia, etc. It injury or complication which was a street of the condition of	EATH de of dying, e.g., means the disease, ch caused death.)  AUSES  S, IF ANY, GIVING	(A) Conducto	of DEATH  dial Fail  sticeme	ure	INTERVAL BETWEEN
ERTIFICAT	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  II  OTHER SIGNIFICANT CO	I LAST.  NDITIONS CON-	(c)	Fibro elasto		
S	TRIBUTING TO THE DEATH, I	TON CAUSING IT.	ross.		ns	
AL.	19A. OATE OF OPERATION	198, MAJOR FI	NDINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21A. ACCIOENT, SUICIDE, HOMICIOE (Specify)		OF INJURY (e. g., factory, street, office bldg		(If in Baltimore City, g	
M	21D. TIME (Month) (Day) (YOF INJURY	WHIL	E. INJURY OCCURE		URY OCCUR?	
	22. I hereby certify that I	attended the dec	ceased from Z	111 gso, 1957, to	7/4,195	that I last saw the
	deceased alive on 7/11 23A. SIGNATURE	, 19.51_, and		rred at 950 Pm., from		23c. DATE SIGNED
24	BURIAL, CREMA- 248, DAT MREMOVAL (Specify)	12-51	HOLY CO	ERY OR CREMATORY 245	LOCATION (City, town,	or county) (State)
10	TE RECEIVED BY REGISTRAL 1 2 1951	AR'S SIGNATURE	us, his	Desuded C	Harle 121	& WEST
	VS 150					1616



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) WILLIAM FREDERICK MATTER July 11, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Mercy Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1853 W. North Avenue ngth of stay in Baltimore Davs If Under | Year 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under | Year If Under 24 Hours Inst birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Dec. 8. 1877 Widowed 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) INDUSTRY vork done during most of working life, even if retired) WHAT COUNTRY? Shipping Clerk Candy Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown August J. Matter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Mary Purdum - 2201 Ellamont St. 212-16-8872 no INTERVAL BETWEEN CAUSE OF DEATH E900.61 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXXXXXX ANTECEDENT CAUSES Contusion of brain ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. INJURY OCCUR? Martha Washington Condy Co. about home, farm, factory, street, office bldg., etc.) Building UTING [] CAUSE OF DEATH. 210 No. Liberty Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPRED 21F, HOW DID INJURY OCCUR? OF INJURY 7-10-51 Apparently slipped and fell down stairs WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion, resulted from: natural causes [], accident A, suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... 23c. DATE SIGNED July 11 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 7/14/51Balto. Com. Balto., Md. Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JAMES GILBERT CASSARD DEATH 4. USUAL RESIDENCE (Where deceased lived, If in titution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RULA), and give INSTITUTION MAPL ChUPC D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Parkside Dr. & Brehm's Lane 9. AGE (In years il Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE. 8. DATE OF BIRTH 8 1903 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY Gowling alley of the 13. FATHER'S NAME. 14. MOTHER'S MADEN NAME MAS DECEASED EVER IN U. S. ARMED FORCES? Lillian Reinhart 16. SOCIAL 17. INFORMANT (If yee, give war or dates of service) SECURITY NO. e maken, war CAUSE OF DEATH 477.2 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF QPERATION 20. AUTOPSY YES NO (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 2IC. WHERE DID ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour)
DF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 1957 to Much, 195% that I last saw the 22. I hereby certify that attended the deceased from. deceased alive on // Yelf/, 195 f, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, OREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY

Cem

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

7/13/51

REGISTRAR'S SIGNATURE

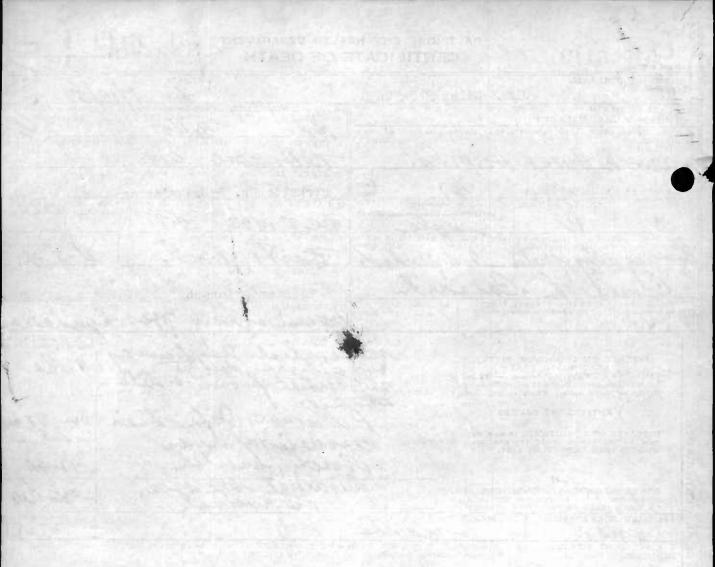
29081

Loudon Park

124 Boutto Mid.

ADDRESS

Balto



					P= 8	
51	6120			ALTH DEPARTMENT	51 612	
BIRTH NO. Y	7-230'		CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF D (Type or Print)	ECEASED	A MICHE		garet Michetti) gerite Michetti)	2. DATE OF DEATH JU	ly 10, 1951
	City, Maryland			4. USUAL RESIDENCE (V A. STATE Md.		
B. FULL NAME HOSPITAL OR INSTITUTION	739 N. Chest		ion, give street address or location)		outside corporate limi	lts, write RURAL and giv township
ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		7-03
female	6. COLOR OR RACE	MIDOM	E, MARRIED. ZED, DIVORCED (Specify) COWED	8. DATE OF BIRTH July 23, 1875	9. AGE (In years)	Il Under I Year   If Under 24 Hours   Min
ork doos during most o	CUPATION (Give kind of of working life, even if retired)  Wife	at ho	INDUSTRY	11. BIRTHPLACE (State or for Italy	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	tino DiNisio			14. MOTHER'S MAIDEN N Giovana (unkno		
15. WAS DECEASE Yes, no or uokoowo)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Frank Miche		Chester St.
(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode o tre, asthenia, etc. It meo- complication which c	H f dying, e. s ns the diseas		of DEATH romany Si. tini - Seler	sease mi	INTERVAL BETWEE ONSET AND DEAT
RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  Cronary Declusion  (B)  Due to arteria - Selevasion  (C)					
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	chole and	est kinds		lonknu
19A, DATE O	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in erm, factory, street, office bldg., e		lf in Baltimore City,	give exact location)
21D. TIME (	(Month) (Day) (Year)		WHILE AT NOT WHILE		Y OCCUR?	

23B. ADDRESS

24c, NAME OF CEMETERY OR CREMATORY

Holy Redeemer Com.

, 1951, that I last saw the

23c. DATE SIGNED

m., from the causes and on the date stated above.

246. LOCATION (City, town, or county)

Balto., Md.

22. I hereby certify that I attended the deceased from Scenler, 1945, to deceased alive on 10, 1951, and that death occurred at 81 m., from

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

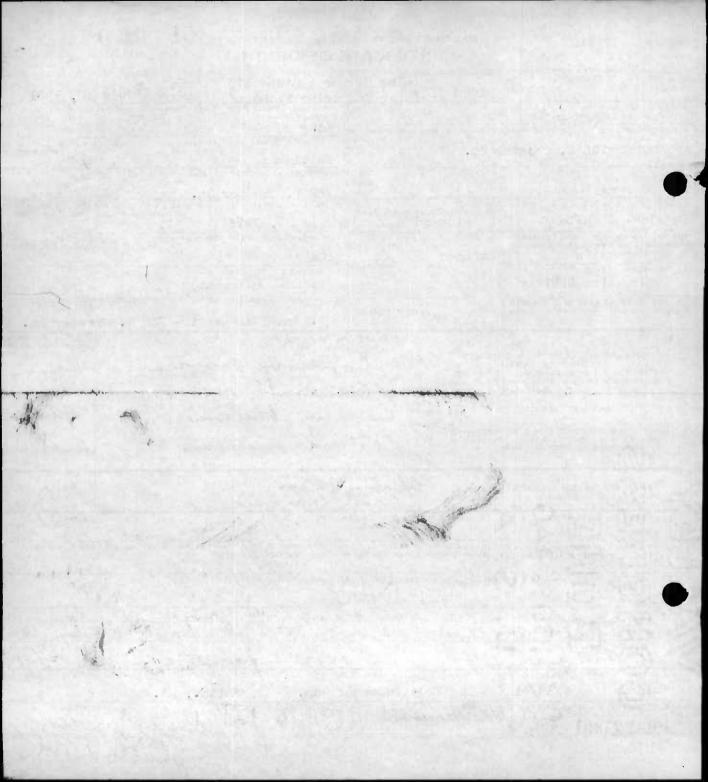
DATE RECEIVED BY

LOCAL REGISTRAR

64B. DATE

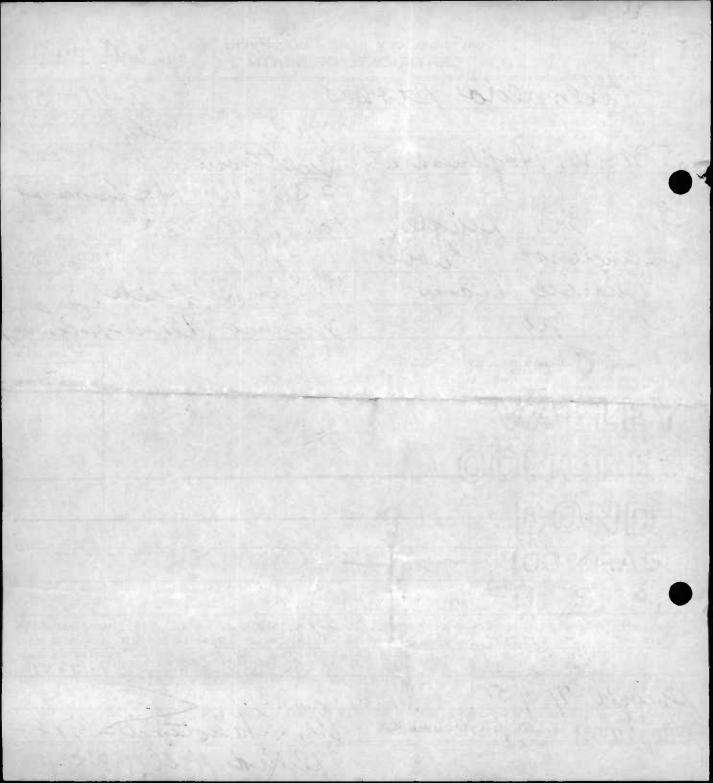
7/14/51

REGISTRAR'S ELGN



13	22
51	6121
DIDEL.	

BIRTH NO.	ERTIFICATE	E OF DEATH	Registered No	-
1. NAME OF DECEASED ON ON	Otolo	01	2. DATE 7	11-51
S. PLACE OF DEATH.  Dalkimona City Manyland	Je w to	4. USUAL RESIDENCE (W		
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, I) HOSPITALOR	give street address or location)	* md.	B. CONTE	before admission)
INSTRUTEN/I _ IA	an st.	100 - 7	outside corporate liftits	write RHIE II an (worship)
	Yrs. Mos.	D. STREET ADDRESS (16	rural, give location)	man 14
c. Length of stay in Baltimore  5. S. 6. COLON OR BACE 7. SINGLE. M. Williams Willia	Days ARRIDO. DIVORSED (Specify)	8. DATE OF BIRTH	9. AGE (In years) is the	der I Year   If Under 24 Hours hs; Days   Hours : Min.
10A. YAUAL OCCUPATION (Givekinder) 10B. KIND	RIISINEES NR	11. BIRTHPLACE State onfo	33	
work dough during most of working life even if whired)	CONDUSTRY .	2,0	·	WHAT COUNTRY?
13. FATHERS NAME SIEL BOALA	in	14. MOTHER'S MAIDEN NA	ane aneon	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes no or introven) (If yes, give rar or dees of service)	SOCIAL	17:INFORMANT	11000	PRESS 30
The state of the s	SECURITY NO.	Minnie	Elavis -	Hoffmun
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) Carc	cromes of	count	Went 18mgs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	0		
ANTECEDENT CAUSES	(B)			No. William
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		8	••••
O ON DERETHING CONDITION EXST.	(C)	***************************************	***************************************	
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FIN	VIDINGS OF OFFI			
J Take Dr. Greek Hon Tab. MAJOR FI	NDINGS OF OPER	ATION		YES NO NO
ZIA. ACCIDENT WAS UND IN   ZIB. PLACE	OF INJURY (e. g., in actory, street, office bldg., e		f in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour)   21E.	INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
m.   wor	RK L AT WORK L	1 0 12 105 1	0 11 100	
22. I hereby certify that I attended the deed deceased alive on 110, 1954, and		//		that I last saw the date stated above.
23A. SIGNATURE R. Cambbell	2	18 Arabhin		23c. DATE SIGNED 7-12-51
24A) BURIAL, CREMA- 24B. DATE 24C.	SIAM &	RY DR CREMATORY 24D. LO	OCATION (City, town, or	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	ious, Mit	25. FUNERAL DIFECTOR	On the all	ADDRESS 9/9-
VS 150	Ser Mindanie &	10.	VI. DO	2 10
	LH. AVO	11/1/11/11/	LITVY	MXILLY



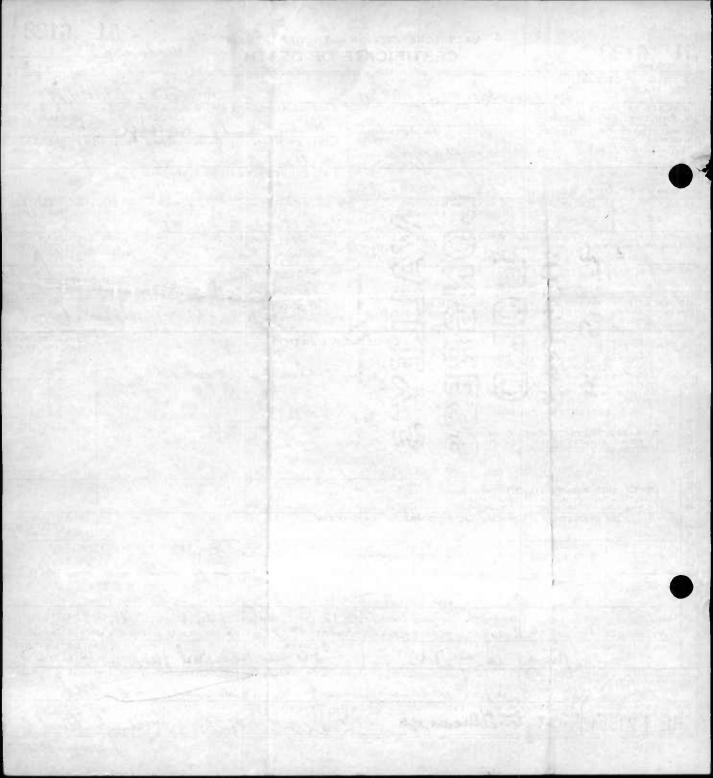
1	00
51	6122
BIRTH	NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	61	22
JL	OT	1-1-

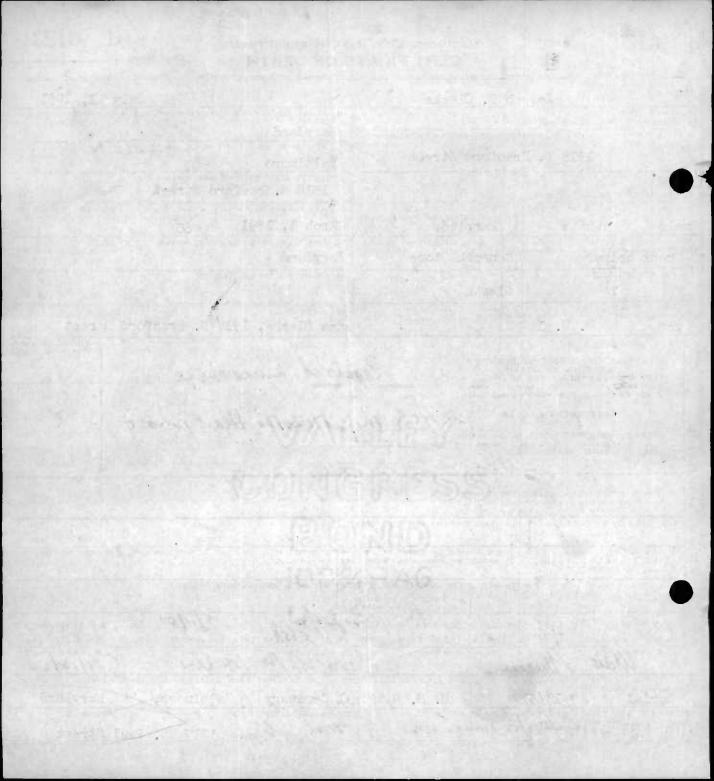
Registered No.

В	IRTH NO.	/		CERTIFICAT	E OF DEATH	Registere	u 110
1.	NAME OF D					2. DATE 9	. 0
_		DR. DANIEL	MIL	TON RESH		DEATH	my 11, 1951
	Baltimore (	City, Maryland			4. USUAL RESIDENCE	(Where deceased fived	
1 2 4	FULL NAME			tion, give street address or location		1, Course	
II.	STITUTION	The Union n	Remosi	al Hospital	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
-	QV.				Mamps	lead	
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	SLAD
	Length of s	tay in Baltimore	3 4	Days			
	M.	W. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify	11	9. AGE (In years last birthday)	Months Days Hours Min.
10	A LISUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of	81	
		of working life, even if retired)		INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	sugan	ruea	reduch.	Marya	7	1 2.5.A
'	D'IER SYL	0 11 0-	/		14. MOTHER'S MAIDEN	NAME	
1.0	Name	U 17. 10	h.		Marcha	Trice	
(Ye	e, no or unknown)	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	lash (son) Ha	ADDRESS /
		Mo.			an surveye D. In	ask com / Ha	mprovad, ma.
	18. HL	/3 × .		CAUSE	OF DEATH		INTERVAL BETWEEN
18	DISEAS	SE OR CONDITION			0 0 1	,	
	(This does	LEADING TO DEA not mean the mode	of dying, e.	8., (A)(	ebril hem	orchage	
	heart failt	re, asthenia, etc. It mer complication which	ans the diseas caused death	e, n.) DUE TO			
	N. BULLY	ANTECEDENT CAU	SES				
Z	1000			(B) H (			
15		S OR CONDITIONS, I					
X	UNDERLY	YING CONDITION L	AST,				
F				(C)			
RT	OTHER S	II SIGNIFICANT COND	ITIONS CO	N.			
H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ŁD .			
1	19A. DATE C			FINDINGS OF OPER	RATION	***************************************	20. AUTOPSY?
A					Marie Marie		YES NO
DIG	2 IA. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore Cit	y, give exact location)
A	HOMIGIBE	(Specify)	about moune,	ratur, raceou y, ser coe, o moo mag.,	INSON! OCCOR!		
7	F INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	I INSURT		m.	WHILE AT NOT WHILE			
- 3	22. I hereh	u certifu that I att	ended the	4.	7/7 , 1951, to	Lela 11 10	I, that I last saw the
	deceased at	live on A July 11	1951	and that death occur	fred at 7:30 Am. from	n the causes and on	the date stated above.
	23A. SIGNA				23B. ADDRESS	: 0 11	28C. DATE SIGNED
		(Jumes)	4.	#10 M.D.	win he	more Hork	1-11-01
710	AA. BURIAL, CON, REMOVAL (S	REMA 148. DATE		24c, NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City to	wn, or county) (State)
	Bre	ial /14,	15-1	Freeumo	unt. C	andl l	o ma
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	JRE 7 5	25. FUNERAL DIRECTO	R	ADDRESS
	UL 1219	351 Junta 14	m/144	auce, Hill	Galocit	the Hou	upstead
	VS 150	-		and the state of t	77		1 Sud
			The said to be				1/100 0 1040



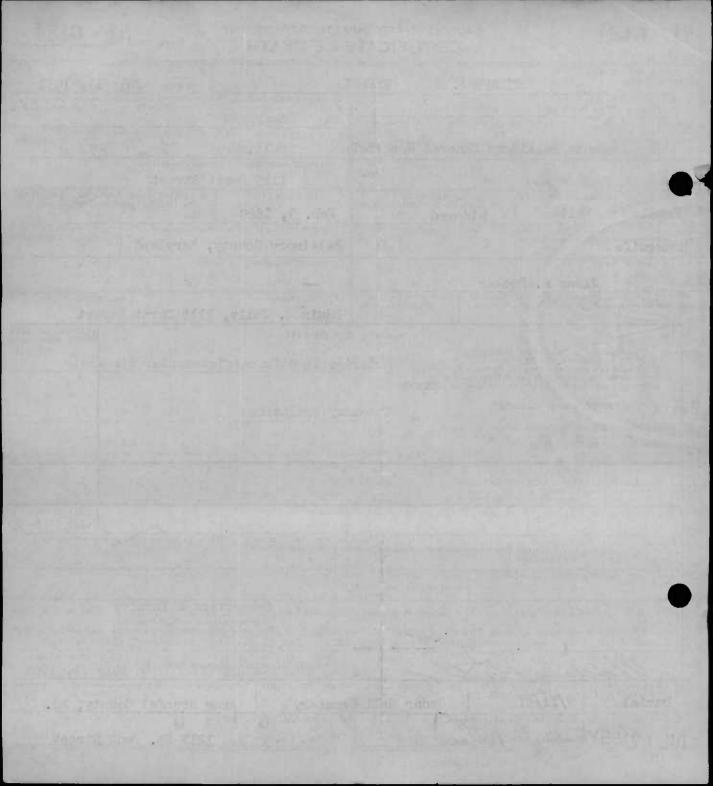
4	7-0
11	6123
17.3	O Find

BIRTH NO.	CLITTIFICATI	L OF DEATH	2008-01010	
1. NAME OF DECEASED (Type or Print)			2. DATE	
Joseph F. (	Dleska			ly 11, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, 1 B. COUNTY	f institution; residence before admission)
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR	ution, give street address or location)		autoido and One No.	74
1518 N. Bradford	Street	Baltimore	Outside Cortain Resident	ty, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If	rural give location)	
c. Length of stay in Baltimore	Mos. Days	1518 N. Bradfor		
	LE, MARRIED, WED_DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years lest hirthday) M	If Under I Year   If Under 24 Hours onths Days Hours Min.
male white Mari	ried	March 1, 1891	60	Trans. Paga Routs Milli.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
Truck helper Beneso	ch Store	Maryland		WHAT COUNTRY
13. FATHER'S NAME	FUN NITURE (R	14. MOTHER'S MAIDEN N.	AME	
? Oleska	a .	?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS
yes W. W. I	SECURITY NO.	Anna Oleska, 1518	N. Bradford	Street
18. 443 X .	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	1 1 /	,	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	g., (A) Cer	etral human pertensivi He	hase	
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	th.) DUE TO			***************************************
ANTECEDENT CAUSES				
	(B) //	restension He	ut 1), sease	
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ING		***************************************	
UNDERLYING CONDITION LAST.				
	(C)	••••••••••••••••••••••••••••••	***********	***************************************
OTHER SIGNIFICANT CONDITIONS CO				
OTHER SIGNIFICANT CONDITIONS CO	TED .			S - LITE OF THE
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER	ATION		20, AUTOPSY?
A P	N THOMOS OF OFER	ATTOR		YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in		If in Baltimore City,	
	s, farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
10. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	Y OCCUR?	
FINJURY	WHILE AT NOT WHILE			
22 1 1 2 2 1 1 2 2 1 1 1 1 1 1 1 1 1 1		121/m 10 1	7/11/51 19	., ., ., .,
deceased alive on 1/20 195		red at 5.15Am., from t		_, that I last saw the
23A. SIGNATURE	1 0	2n ADDDECC		23c. DATE SIGNED
Max Baccon	м. О.	1501 M. Milton	an	7/12/51
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETER		OCATION (City, tow)	
burial 7/13/51	U. S. Nation	al Cemetery A Ba	Atimore,	Maryland
DATE RECEIVED BY   REGISTRAR'S SIGNAT		25. PUNERAL DIRECTOR		ADDRESS
LOCAL RECISTS TO Lineta stor 1411	LEALLY ALLE	Nm. Cook, Inc.	1217 St. Par	11 Street
VS 150	10.0 T 0.00	10	T-11 DO 14	0 - 0
G. NA.F	970	66		939



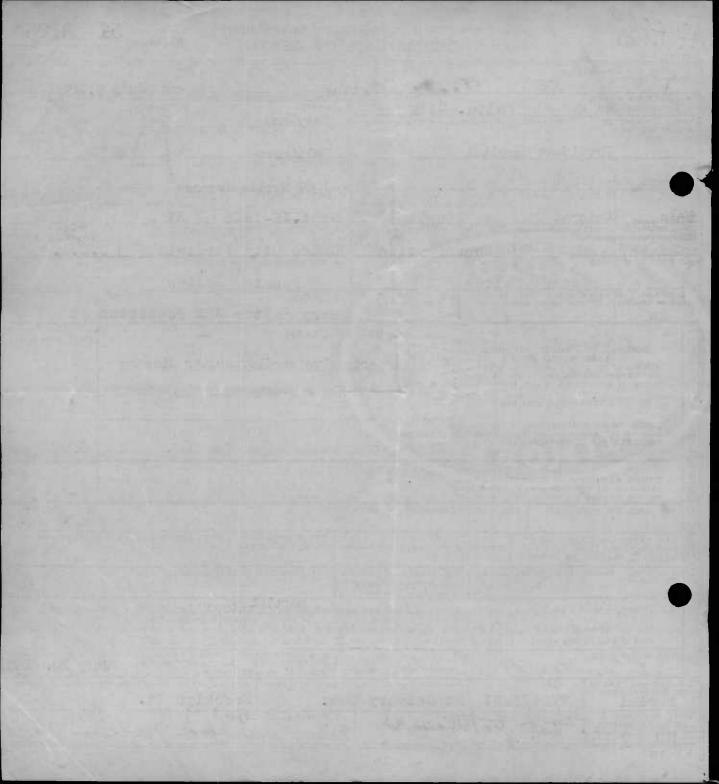
. 1	5-7	4
ľ	245	76124
li	1)1	ning

BIRTH NO.			CERTIFICATE	E OF DEATI	H Registered	
1. NAME OF	DECEASED				2. DATE	
(Type or Print)	M	ILLIE A	. ENDLE	Y	DEATH Ju	ly 11, 1951
3. PLACE OF I	City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, I. B. COUNTY	f institution : residence before admission)
B. FULL NAME		al or institut	ion, give street address or		land	
HOSPITAL OR			location)	c. CITY OR TOWN		ts, write RUBAL and give
Military	South Baltin	nore Ger	neral Hospital		imore //	-6
			Yrs. Mos.		ESS (If rural, give location)	
	stay in Baltimore		Days		Durst Street	
5. 3EX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	if Under 1 Year   If Under 24 Hours onths Days Hours Min.
Female	White		owed	Feb. 3, 18		
work done during mus	CCUPATION (Give kind of t of working life, even if retired)		OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
nousewii	е				County, Maryland	
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
	James A. Bo			Angle-Gills.		
15. WAS DECEAS	SED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Edwin O. Jo	olly, 1115 Durst	Street
(This de heart fai	ASE OR CONDITION LEADING TO DEA cs not mean the mode lure, asthenia, etc. It mea r complication which	TH of dying, e. a	E., (A) Arter	of DEATH	cardiovascular di	INTERVAL BETWEEN ONSET AND DEATH
O RISE TO UNDERL	ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT COND IS TO THE DEATH, BUT	F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(C)	ary occlusio	n	
TO THE	DISEASE OR CONDITION		FINDINGS OF OPER	ATION		20. AUTOPSY?
	OF OPERATION 1	JB. MAJOK	THE HOS OF OF ER			YES NO X
UNDERLYII	RNAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH.	about home, f	ACE OF INJURY (e. g., it arm, factory, street, office bldg., e			
Z 21D. TIME OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
22. I ccrt	ify that I took char	ge of the	remains described a		spection & Inquir	
the co	vidence obtained by leath, in my opinion	said Auto	psy, Inspection or I from: natural causes	nquiry, find that	Autopsy, Inspection or Inquiry said deceased died on $t$ suicide $\square$ , homicide $\square$ .	he day stated above
23A. SIGNA	ATURE !	//	*/	ASSISTANT MI	EDICAL EXAMINER 🚻 📘	Sc. DATE SIGNED
24A. BURIAL.	CREMA- 248. DATE	prints	M.	D. MEDICAL INVI	STIGHTON	uly 11, 1951 , or county) (State)
burial	Specify) 7/14/51		Cedar Hill C	emetery	Anne Arundel Co	
DATE RECEIVE LOCAL REGIS	TRAP REGISTRAR	S SIGNATU	ALLA, ALLA	Nm. Cook	Sc. 1217 St. Par	address
V S 151		- the many proper	million ships			9271



112	10	
15	5125	

T DECO	CERTIFICAT	E OF DEATH	Registered No.	
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			OF	
JOHN	Ready Pot	tue Di	EATH July 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto, City		cceased lived. If institution: residence  B. COUNTY before admission)	
B. FULL NAME OF 'f not in hospita			B. COONT	
HOSPITAL OR	location		corporate limits, write it UIV. I, and give	
INSTITUTION Provident Use	anital .		township)	
Provident Hos	Spital Yrs.	Baltimore D. STREET ADDRESS (If rural, g	give location)	
	Mos.	D. STREET ADDRESS (ITTURAL,	give location)	
ength of stay in Baltimore	20 Yrs Days	1067 Myrtle Avenue	*	
5-SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AC	GE (In years	
Male Colored	Single	Sept-16-1913	37	
10A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign of		
work done during most of working life, even if retired)	INDUSTRY		WHAT COUNTRY?	
13. FATHER'S NAME	Construction	Chase City Virgi	nia   U.S.A.	
		THE MAINE NAME		
Payton P	ettus	Fannie wood	en	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No	SEGULITI NO.	Mary Pettus 323	Poppleton St	
18. 1/1/5 V	CALICE	OF DEATH	INTERVAL BETWEEN	
ANTECEDENT CAUSI	FANY, GIVING STATING THE DUE TO			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT N				
	B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?	
J AL			YES X NO	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	215. PLACE OF INJURY (e. g., i about home, farm, factory, street, office hidg.,	n or 21c. WHERE DID (If in Beec.) INJURY OCCUR?	altimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		UR?	
22. I certify that I took charg		how he partial autonsy	thereon and from	
the evidence obtained by s	said Autopsy. Inspection or I	Autopsy, Inspecti	ion or Inquiry d died on the day stated above.	
23A. SIGNATURE	// Comment of the contract of			
VI anlend	Y Mulatin	ASSISTANT MEDICAL EXAMI	NER 23c. DATE SIGNED  NER July 10, 195	
E4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	T.D.   MEDICAL INVESTIGATOR RY OR CREMATORY   24D. LOCATION		
TION, REMOVAL (Specify)				
1 /		Dem Brookly		
LOCAL REGISTRAR'S	ton Williams, HA	Elioy o Wilson	Good Beauting any	
V S 151	970	24	93)	



134	6126
31'	6126

Registered No. 6126

В	IRTH NO.	TE OF BEATTI	<b>A</b>	
	NAME OF DECEASED MRS. ELSIE MAY	LITTLE	2. DATE July,	10, 1951
	. PLACE OF DEATH: Baltimore City, Maryland Church home & Hospita	4. USUAL RESIDENCE	Where deceased lived, If inst	tution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address		of Ballis	mort
11	OSPITAL OR CHARLES HOSPITAL ACCESS	c. CITY OR TOWN	f outside corporate limits, w	rite RURAL and give township)
2	5 Cracial Profice & 170 years		como -	6-200
	must of star in Publication 35	08. 311 N:V	rupa, give location)	
5	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) II Unde	1 Year   II Under 24 Hours
1	Emaile Cerlite Separated	July 9, 1884	Months (Months	
wor	DA. USUAL OCCUPATION (Givekiodof 10B. KAND OF BUSINESS OF INDUS' INDUS' INDUS'		oreign country) 12.	WHAT COUNTRY?
13	FATHER'S NAME ( ) D 4 M	14. MOTHER'S MAIDEN N	IAME	CA. 5.75.
	Joshua Washington Ploose	denrietta K	node.	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED ERCES? 16. SOCIAL SECURITY N	o. 17. INFORMANT	H 1 A90F	RESS LO
_	ms	Church ,	love a chorp	INTERVAL BETWEEN
		SE OF DEATH		ONSET AND OEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cinoma of hour	CAROLA	3 m.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			
	injury or complication which caused death.) OUE TO	no/ma	16	
z	ANTECEDENT CAUSES	habetes / lellis	lus .	8 yr.
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0	
SA	UNDERLYING CONDITION LAST,	rf DL	11/	
F	(c)(l)	denosclewtic d	eout disease	
ERT	OTHER SIGNIFICANT CONDITIONS CON-	estasis of a	to lives	
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION / / /		20, AUTOPSY?
AL	1 195/1 2	creas metastatic	to liver	YES NO
EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e about home, farm, factory, street, office by	g., in or 21C. WHERE DID ( dg.,etc.) INJURY OCCUR?	If in Baltimore City, give	exact.location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU	IRRED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY WHILE AT NOT W WORK AT WO			
	22. I hereby certify that I attended the deceased from L	M IN A	who 10 195/ +1	hat I last saw the
	deceased alive on July 10, 19 11, and that death of	collred at 3.55 Pm., from	the causes and on the	late stated above.
	23A. SIGNATURE	238. ADDRESS		3c. DATE SIGNED
_	J. Read Carroll M.O.	Church Stone	2/ 105 6: Tal	1/10/21
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	ALAL CEAR 71	OCATION (My, town, or o	county) (State)
- P	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	AY ELISTEK	N AVE,
L	OCAL REGISTRAR	00	10. ON CC	anthomas S.

A STATE OF THE PARTY OF THE PAR

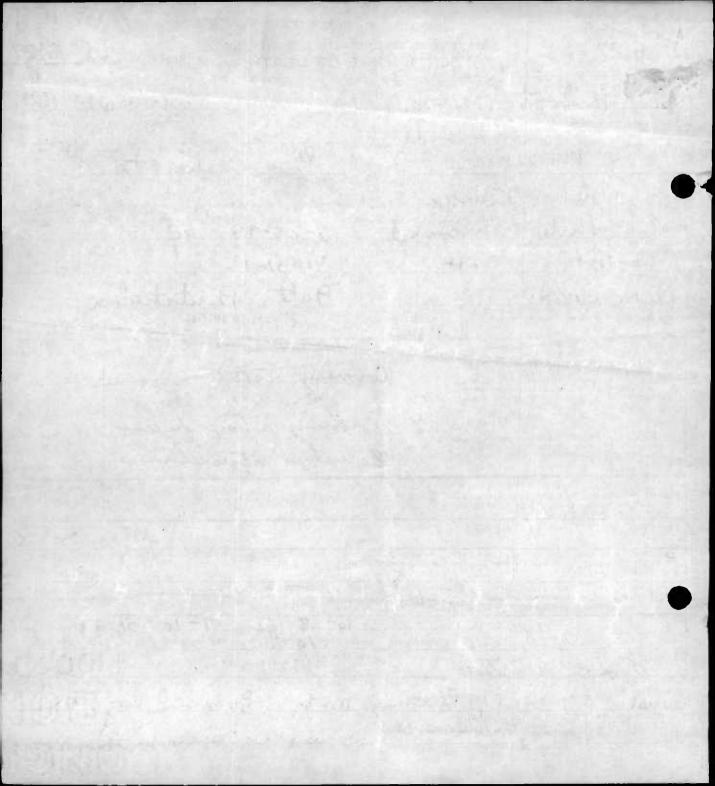
VS 150

MARKET ZERNERED ANNA 1 SOUTH EL 

15	1
51	6127

Registered No.51 6127

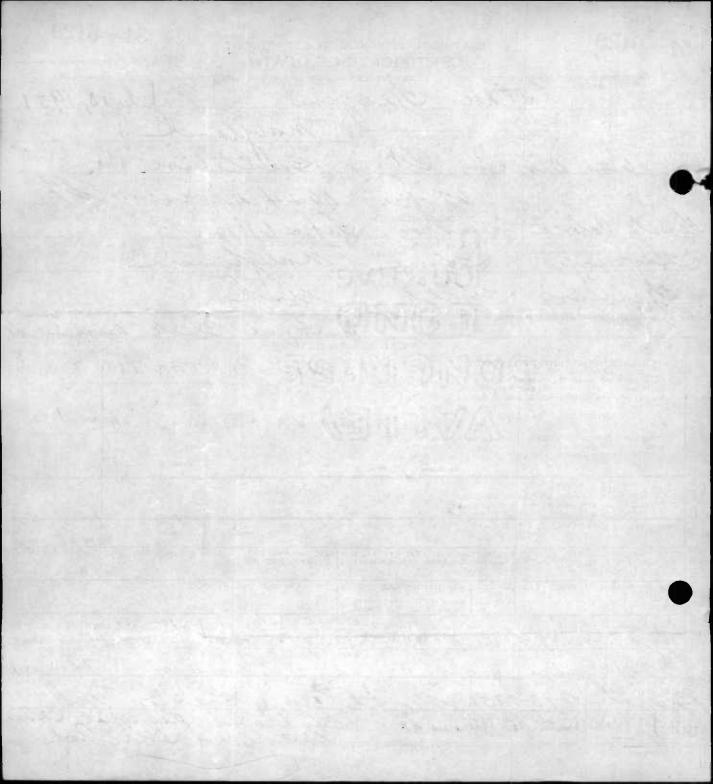
CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION TORKS HOPKINS KUSPITA Yrs. D. STREET ADDRESS (if rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, NARRIED, WIDOWED DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months: Days Hours! Min. sandyna 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rnrk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? UEN+15+ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SINEMS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no pr unknown) (If yes, give wer pr dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A I 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO A 218. PLACE OF INJURY (e. g., in nr about bome, farm, factory, street, nffice bldg., etc.) 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 10-28 1951 to 7-10 . 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on. and that death occurred at 1645 m., from the causes and on the date stated above. 19. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED TONKS HOPKINS ROSPITE м. р. 24A. BURIAL CREMA-24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION. REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNA 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2503 VS 150



51 6128 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Theresa OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, 1 institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Balto City B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write URA), and give C. CITY OR TOWN 4 INSTITUTION Chorek-D. STREET ADDRESS (If rural, give location Yrs. Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH H Under 1 Year WIROWED DIVORGED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during makt of mosking life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN A S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO uns INTERVAL BETWEEN 18. CAUSE OF DEATH 1001 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO EDICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that I attended the deceased from Z 19\_ 119 that I last saw the deceased alive on\_ L. 19\_ \_\_\_\_, and that death occurred at \$150 pm., from the causes and on the date stated above. 23A STENATURE 23c. DATE SIGNED BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D./LOCATION City, town, or county, ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS VS 150 La

# THE REAL PROPERTY OF SHOOT AND

BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	the Su	agins	2. DATE OF DEATH	10.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	- 0	4. USUAL RESIDENCE	(Where deceased lived, If	ustitution: residence before admission)
HOSPITAL OR INSTITUTION	ital or institution, give street addr		(If outside corporate limits	write RUR 1) an 10' (cownsmp)
1624 DW			If rural, give location)	01
c. Length of stay in Baltimore	67 Mps.	Mos. 1624 N.	ivesion	Under 1 Year   If Under 24 Hours
Female Colored	WIDOWED, DOORCED (S	Fet. 26/81	last birthday) Mor	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done ly log most of working life, even if retired	108. KIND OF BUSINESS C	many l	and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Hill	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMI (Yes, no or unknown) (If yes, give wer or da	ED FORCES? 16. SOCIAL  SECURITY 1	10. IZ INFORMANT	Bluck A	DERESS / 624
18. 4xx,1	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	HROWIC A	RTHRITI	5 3 yrs?
injury or complication which	caused death.) DUE TO			100
Z DISEASES OR CONDITIONS,	IF ANY, GIVING	RDIO VASCU	LAR DISE	ALC /K
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION (I	AST.			
OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT				
O THE DISEASE OR CONDITIO		OPERATION		20. AUTOPŜY7)
AL STATE OF	TOO. MACON TIME INCOME.	JI ERRITON		YES NO
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING	218. PLACE OF INJURY ( about home, farm, fectory, street, office		(If in Baltimore City, g	ive exact location)
D. TIME (Month) (Day) (Yea	WHILE AT NOT	URRED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I a	ttended the deceased from_	DEC 15 , 1950, to 5	JULY10, 195.	, that I last saw the
deceased alive on JULY 1	O, 19SL, and that death	ccurred at 6 P. m., from		e date stated above.
William	Trey M.	1630 100	una Ch	7/12/51
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	195) 24C. NAME OF CET	METERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAL		25. SUNERAL DIRECTOR	I fine	ADDRESS Afone
VS 150		- JOS JAM	my vrc	930



6 - 322 51 6130						
51 6130 51-15508 BALTIMORE CITY HEALTH DEPARTMENT Registered No_						
1. NAME OF DECEASED OFT (Type or Print) Baby Otca sek	3-5-1					
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  4. USUAL RESIDENCE (Where deceased lived, If instiguted as STATE)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate limits, wr	ite RURAL and give township)					
Ban Secours Hosp. Towson  Yrs. D. STREET ADDRESS (If rural, give location)	township)					
Mos. 1605 House of Dalkinson	300					
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)   Under						
Female White single July 12, 1951 last birthday) Months	2 30					
10A. USUAL OCCUPATION (Givekind of work done during most of work in black of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?					
mpme Maryland 13. FATHER'S NAME J.A. MOTHER'S MAIDEN NAME						
The I hard I						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 77. INFORMANT TO ADDR	ESSA NA					
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Wr. Theodore Otcasak = 1605 Har	hs4, Md.					
18. 7955 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not man the most of divisor or an experience of the condition of t	(over)					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
(c)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
A SALE OF GERATION	YES NO					
21A. ACCIDENT, SUICIDE.  21B. PLACE OF INJURY (e. g., in or lower farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)	exact location)					
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 2'am. on 7-12, 1957, to 4'am on 7-12, 1951, that I last saw the						
deceased alive on 7-12, 19 1, and that death occurred at 4.4. m., from the causes and on the d	ate stated above.					
23A. SIGNATURE abut Emer 23B. ADDRESS 2:	C. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or c	7 - /2 - 5/ ounty) (State)					
Burial 7/13/51 Moreland Man. Pk. Bulton Md.	, 1					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE AND LOCAL REGISTRAR'S SIGNA	DRESS					

Referred this death to Dr. Hardie, Director of Child Hygiene the investigated (inquired) — nothing further available

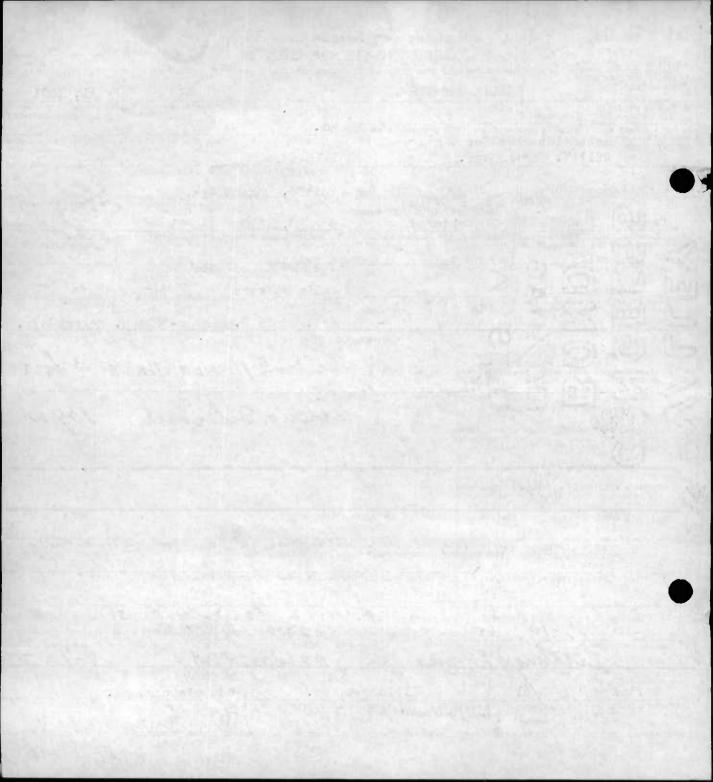
7/27/51 TS

)1	6131	
	T-1	51

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No\_

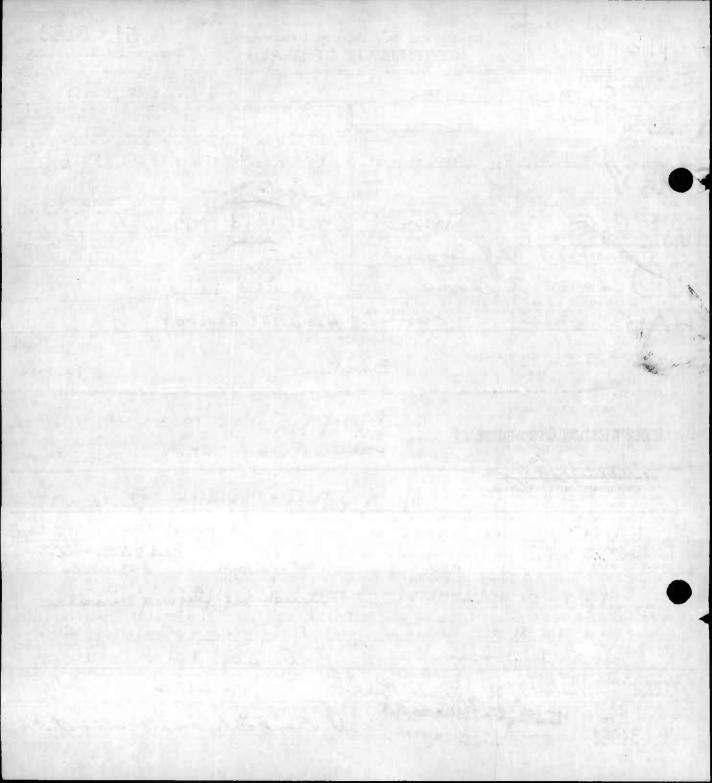
B	IRTH NO.	- 0 7 6					
	NAME OF D Type or Print)		ELLIE M	AY TURNER		2. DATE OF DEATH July	y 11, 1951
A		City, Maryland			4. USUAL RESIDENCE ()		
H	FULL NAME OSPITAL OR	Methodist Ho	tal or institut	ion, give street address or	Md • (II	f outside corporate limits	3 A-
11	ISTITUTION	2211 W. Roge	re Ave.	oue weed		outside corporate nmits	township)
		ESTI III IOGO	13 1140 6	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore		Mos. Days	2211 N. Rogers	Avra	27-15
5	SEX	6. COLOR OR RACE		E. MARRIED.	B. DATE OF BIRTH	9. AGE (in years) H	Under I Year   If Under 24 Hours nths: Days   Hours   Min.
	female	white		VED, DIVORCED (Specify) idowed	May 20, 1870	81	nths Days Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	hous	ewife	at hom		Maryland		WILL COUNTRY
13	B. FATHER'S	NAME			14. MÖTHER'S MAIDEN N	AME	
		nas Carmine			Julia Stevens		
(Ye	5. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or dete	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
	-			-	Mrs. Mamie B. F:	isher-2211 W.	Rogers Ave.
NOIT	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA a not mean the mode cre, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, HE ABOVE CAUSE (A) (ING CONDITION L)	TH of dying, e. g ans the diseas caused death SES  IF ANY, GIVIN STATING TH	e, (A) e, OUE TO	Cerebal HE		interval Between onset and Death  3 fees
CERTIFICATION	TRIBUTING TO THE O	II IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	T			
AL	19A. DATE C	F OPERATION D	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., iz ferm, factory, street, office bldg., e		If in Baitimore City, g	
4	21D. TIME	(Month) (Day) (Year		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hercb	y certify that I at			h. 12, 1950, to	well 10 1951	, that I last saw the
	deceased al				red at 2.30 Am., from t		
	23A. SIGNA	arthy	2 Da	M.D. 2	800 W3314	str	7-/2-S
	4A. BURIAL, (S			24C. NAME OF CEMETER	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
_	Burial	7/13/51		Hillcrest	Com, Feda	masburg, Md.	
DL	ATE RECEIVE	D BY REGISTRAR		Villiams, May	26. FUNERAL DIRECTOR	lickner!	ADDRESS
	VS 150		We his	AT	83	a Sutt	to ma.



6132

Registered No\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2 DATE (Type or Print) ERNEST OF MUJER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or aM HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) WESTMINSTER Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (in years | Il Under | Year | Il Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 24 Hours WIDOWED, DIVORCED (Specify) MARRIED IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FARMING U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL VIRGINIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO non UNKNOWN Records 15 41/01 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Embolism mih heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Phlebothyombosis, Rt. Int. Extr RTIFICATION DUF TO UNDERLYING CONDITION LAST. Femus, Rt. OTH CHIESIGRNASS CAMEDICAON DIFFORMS CONhematona ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION / 20. AUTOPSY? FRACTURE, RT FEMUR; LAC. OF HANDS, NOSE CAI CMDD YES NO X 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā DECLASE DE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1-ARM ON FARM Σ ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from\_ 19 deceased alive on 7-12-51, 19 and that death occurred at 10 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Colhe 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, town, or county) Carroll Zwick DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

N-820.0



51 6133 51 6133 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF IRA WILSON July 12, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Wyman Pk. Drive & 31st St. Crisfield Vrs D. STREET ADDRESS (If rural, give location) Mos. Route 1 79 days ength of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8 DATE OF BIRTH 6. COLOR OF RACE 9. AGE (In years M linder 1 Year last birthday) Months: Days Hours: Min 11/30/77 Married 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Seaman Md . TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wilson Mary ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO. Records-US Marine Hospital, Balto, Md. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH D (000 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! Apr. 24 1951 to July 12 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on July 12, 1951, and that death occurred at 4:05P m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED

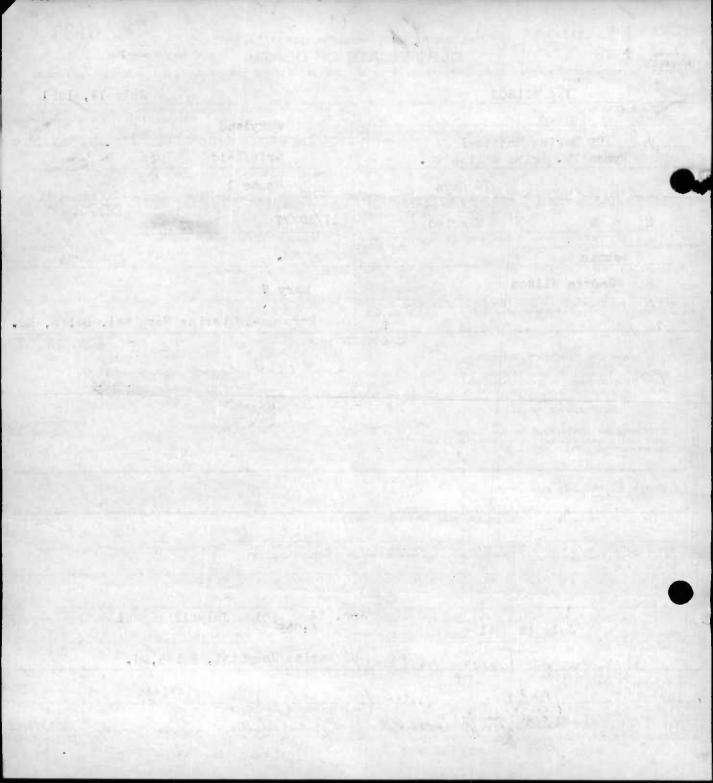
238. ADDRESS US Marine Hospital, Balto, Md.

24A. BURIAL CREMA-24B, DATE 2MC. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Cridsield Burial Crisfield, Md

DATE RECEIVED BY 25 PUNERAL DIRECTOR REGISTRAR'S SIGNAT ADDRESS shaw Juneral

VS 150



Registered No.

BIRTH NO.					)	
1. NAME OF D (Type or Print)	Pow	ëhh,	CLARE		2. DATE OF DEATH	7-7-87
	City, Maryland			A. STATE	NCE (Where deceased live	d. If institution; residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	*	give street address locatio			limits, write RURAL and give
Cength of s	tay in Baltimore		72 Yr Mo Da	127 N	SS (If rural, give location	" apt. + 2
5. SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED:	ARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
10A. USUAL OC work done during most o	CUPATION (Give kind of f working life, eveo if retired)	10B, KIND OF	BUSINESS OR INDUST	II. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	of whop	Lake		14. MOTHER'S MA	IDEN NAME	wasi
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16 s of service)	SECURITY NO	17. INFORMANT	ra- Pon	ADDRESS
DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING	not mean the mode ore, asthenia, etc. It mea complication which of an arrangement of the complication which of an arrangement of the complication	ns the disease, eaused death.)  BES  F ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	DUE TO  (B) Reg  DUE TO  (C) CO	inal w	aissataate in: ilusi	Yaum
19A. DATE O	ENT WAS UNDER CONTRIBUTING	9B. MAJOR FII	OF INJURY (e. pactory, street, office bloom	or 21c. WHERE D		20. AUTOPSY? yES No very, give exact location)
21b. TIME (	Month) (Day) (Year)	(Hour) 21E.		LE	INJURY OCCUR?	
deceased al	n and the supplier of the A		eased fromthat death occ			9, that I last saw the
23A. SIGNAT	JOBO IN	tixil	м. о.	WHATIOUS	Straptal	23c. DATE SIGNED
24A, BURIAL, C TION, REMOVAL (S DATE RECEIVED LOCAL REGISTI	D BY REGISTRAR		NAME OF CEME	PSIL PICAL STATE	240. LOCATION (City, to Little 1 2 1951	own, or county) (State)
VS 150	S. S	LONG PROPERTY.	Street with process and		1 1 1	

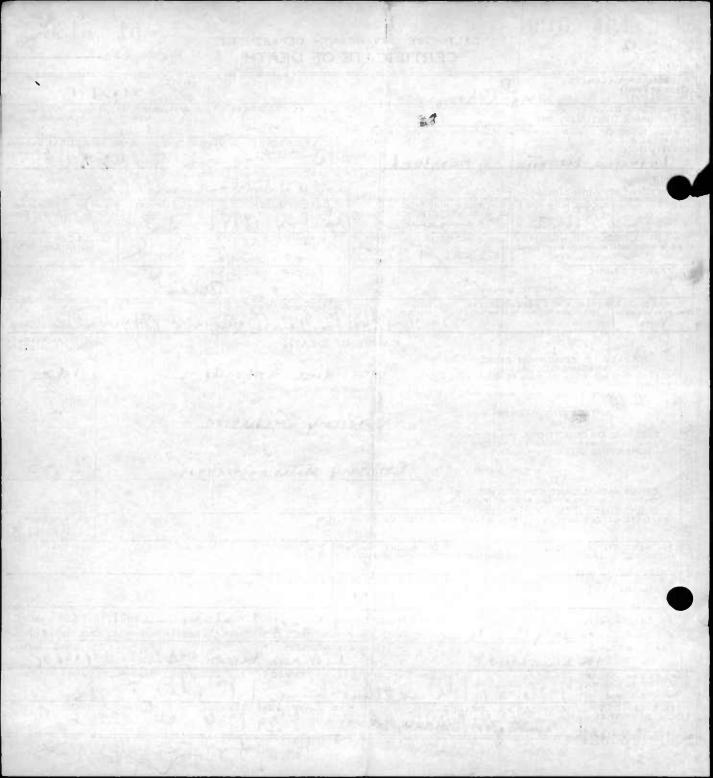
a table of the comment of the seated tours wind the second The wife THE PARTY OF THE P rear to the form

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No....

BIRTH NO.			CERTII TOATI	- OI DEAT		
1. NAME OF C (Type or Print)				0 1	2. DATE	
(-0)	THE RESIDENCE	190	na Marie	Rodow:		13-1451
A. Baltimore	City, Maryland			4. USUAL RESIDE	Where deceased lived.  B. COUNTY	If institution; residence before admission
B. FULL NAME		al or institut	ion, give street address or	Md.	Balto.	berose wantablon
HOSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
	South Baltimor	ce Gene	ral Hosp.	Middle Riv	er (21)	township
4			Yrs.	D. STREET ADDRE	SS (If rural, give location)	1 - 00
	stay in Baltimore	life	Mos. Days	19 Barri	son Rd.	2500
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days   Hours: Min.
female	white	wid	owed	March 24, 1		Transfer Louis Lauren
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
housewi		own h		Balto. Co.	. Md.	USA WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA		
George	Porter			Josephine		
15. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown)	(If yes, give war or date	a of service)	SECURITY NO.		N D 1 1 10	ADDRESS
	1		none		M. Rodowsky, 19	
18. 44	3 × 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEAT					
(This does	s not mean the mode cure, asthenia, etc. It mea	of dying, e. s	(A) UTE	m:0	***************************************	
injury or	complication which	aused death	.) OUE TO			
	ANTECEDENT CAUS	SES		1 .		
z			(B) H-41	revtens.ve	(- v · D	
	S OR CONDITIONS, I					
UNDERL	YING CONDITION LA		(c) Av4	eriosclerat	12 V-D	
0						
OTHER S	II SIGNIFICANT CONDI	TIONIC CO.				
W TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D	betus me	ll:tus	
	OF OPERATION 1		FINDINGS OF OPER	ATION		
<b>_</b>	or or ENATION O	SB. MAJOR	FINDINGS OF OFER	ATION		20. AUTOPSY?
O ZIA ACCIE	DENT WAS UNDER-	1 218. PL/	ACE OF INJURY (e.g., is	or   21c. WHERE D	ID (If in Baltimore City	, give exact location)
	R CONTRIBUTING	about home,	arm, factory, street, office bldg., e	to.) INJURY OCCU		, give exact location;
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
INJURY			WHILE AT   NOT WHILE			
		m.	WORK AT WORK		1 /12 1/14	
			deceased from Jul		to 2 (75) 19.	, that I last saw th
23A. SIGNA	live on 15-195	, 19	and that death occur	red at baum.	, from the causes and on	the date stated above
23A. 510NA	Jr. Won	8, m.	<b>m</b>	South Bal	Finere General Hos	1: 17. 0 7. 13-19-
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE	1	24c. NAME of CEMETE	RY OR CREMATORY	240. LOCATION (City, top)	
burial	July 16	1951	Oak Lawn Ceme	tery	Balto, Md.	
DATE RECEIVE	D BY   REGISTRAR			25 EUNERAL DA		ADDRESS
LOCAL REGIST	1951	The star	- / Your audit, Mills	5-1	7.14	7401 Belair Rd.
JUL 1 3		-	wholes the minimum	January	Vanney Dim	1402 10020022 1001
10 100			· 100 / 200 年74 - \$7 mm 44 4 14 15 15 14 14			/ 1

TREET TO BE THE RESERVE OF THE PROPERTY OF THE THE PARTY OF THE P . artin South Balthameddenunal Bone. .17 moleum of Telepion for the --- unlegged He world of the Bollowitte, 19 Fair Line He with the state of . HE . . OSTER Les duals light and light to the last training and tr . He what is the last to have the

BIR	TH NO.				CERTIFI	CATE	E OF DEATH	Register	ed No.	
	NAME OF D	ECEASED		0		7		2. DATE		
	pe or Print)		Guy	y. C	X	77		OF Y	1/12/51	
3. F	LACE OF D	EATH:	- ay	Gari	717	1	A LISUAL RESIDENC	DEATH	ed. If institution; residence	0
	Baltimore (		yland				A. STATE	B. COUNT		
		9F (If	not in hospita	al or institutio	n, give street a		nun		1	
	SPITAL OR	16				location)	C.CITY OR TOWN	(If outside corporate	limits, write RURAL and	
			DILAZOR	n Mo	bunley		13 action	mone	6 - 0 cowns	nip,
			100	0		Yrs.	D. STREET ADDRESS	(If rural, give location	n)	
V	ngth of s	tay in R	altimore			Mos.	V244 JN	orlam	au	
5. 5			R OR RACE	7. SINGLE.	MARRIED.	Days	B. DATE OF BIRTH	9. AGE (In year	rs   If Under 1 Year   Il Under 24	Hours
10	. 00	11	1-00		D, DIVORCED	(Specify)	a . D . 1 . 60		) Months Days Hours N	
γ 1	422	On	LCC.	mi	- re-		Jon 74-100	18 3 3		
	OSUAL OC			LOB. KIND	OF BUSINESS	OUSTRY	1 . BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT	PV
1	م ماده	any		Tubb	er lue	5	Solon	and my	WITAT COOK!	1 1
13.	FATHER'S N	NAME (					14. MOTHER'S MAIDE	NAME		
1	nen	10	Dan	4		44		Tio.		
26	WAS DECEASE							/ Mas		
(Your	WAS DECEASI	(If yes, g	U, S. ARMED	FORCES?	16. SOCIAL	Y.NO.	) NFORMANTO	1	ADDRESS	
	no				19-16-1	462	Hellein C.	Jones 784	- 4 Holem a	W
	18. / /				C	ALICE O	DE DEATH		INTERVAL BETW	EEN
	9)	0,1	1		٧,	AUSE (	OF DEATH		ONSET AND DE	EATH
	DISEAS		ONDITION TO DEAT		M			-, '		
		not mean	the mode o	f dying, e. g.	, (A)	1100	ndial Ingo	NULL	Ida	
	injury or	complicat	a, etc. It mea ion which c	ns the disease, aused death.)	DUE TO					
-		ANTECE	ENT CAUS	ES	(	0	man. Barling	1.204	"	
5	DISEASE	S OR CON	DITIONS	F ANY, GIVING	(B)	~4.19	nary Geelw	51011	************************	
F	RISE TO T	HE ABOVE	CAUSE (A)	STATING THE						
X	UNDERL	YING CON	IDITION LA	ST.					2 74 7	
FICATION					6.9	nma	y Arthrose	912041	cw;	
			H		(67			<u> </u>		
ERTI				TIONS CON-						
0 _				CAUSING IT			***************************************	404404		
_1	19A. DATE C	F OPERA	TION D 1	98. MAJOR	FINDINGS OF	F OPER	ATION		20. AUTOPSY	17
<									YES NO	X
	21A. ACCIDE				E OF INJURY			(If in Baltimore Ci	ity, give exact location)	
Ш	HOMICIDE	(Specify	)	about home, far	m, factory, street, o	ffice bldg., et	(c.) INJURY OCCUR?			
Σ -	0.10 71145	(34 42 ) (	D (V	(11)		COURE	D of How DD III			
	21d. TIME (	(Month) (	Day) (Year)	(Hour) 2	1E. INJURY O			JURY OCCUR?		
					WORK N	AT WORK				
	22 1 1 auch		47 7				1 12 1051	Tag. 17 1	051 that I last on	42
	22. I nereo	y certify	that I att	ended the d	eceasea jroi	$n \rightarrow \infty$	1931, 10		1951, that I last saw	
			I WHIC	, 19_3 a	nd that deat			om the causes and c	on the date stated abo	
	23A, SIGNA		-			2:	3B. ADDRESS	osh. Md.	23c. DATE SIGN	ED
1			dura			M. D.			16/2/11	
145	BURIAL (S	CREMA- 2	48. DATE	2.	4C. NAME OF	CEMETER	RY OR CREMATORY 24	B. LOCATION (City,t	town, or county) (Sta	ite)
1	June		1-1(0-	511	Wort	1-	rd By	15 alto	ner	
DAT	TE RECEIVE	BYIR	EGISTRAR	SIGNATUE	RE	H	25. FUNERAL DIRECT	ORC 11 ch	ADDRESS ,	
	CAL REGIST	RAR	فالله التيمير	1- W	Himad &	1	TALLICA P	on til	12000	
	111 12	19.01	Thursday.	48/41 / B	AN COLORS !	10	100	1.111.00	~~~	
U	V3 150	1331	113.42	- market	TOTAL SERVICE	1996		-11 00		
	The Care		" Marketon	が は は は は は は は は は は は は は は は は は は は	And the state of the same	40	PA4/1 2001	A Corre	00)	
		ME .				17	074	-940		



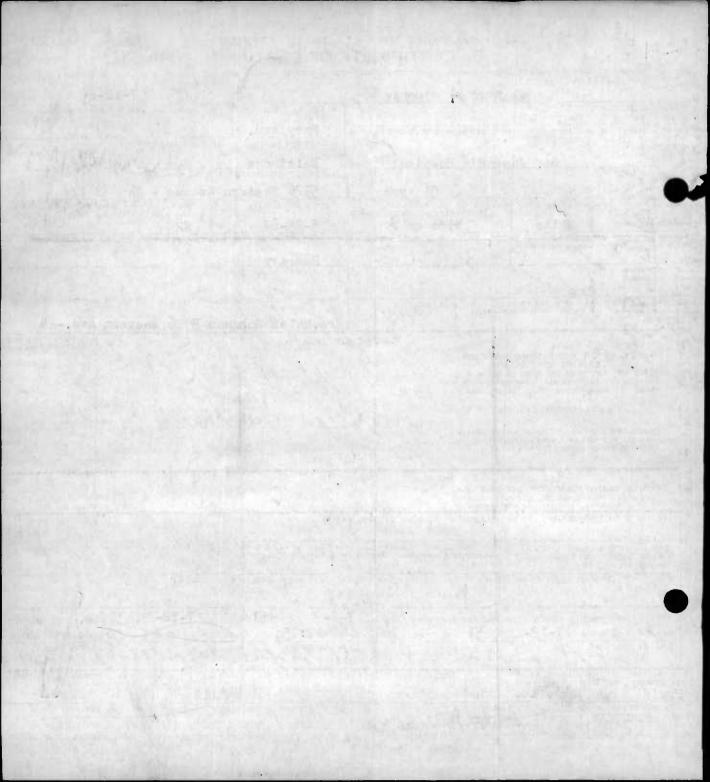
CERTIFICATI	F OF DEATH Registered No.
BIRTH NO.	w OI DimAIII
1. NAME OF DECEASED GEORGE JOSEPH BANGS	2. DATE OF July 10, 1951
a. Baltimore City, Maryland 2405 Orleans St.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
70	
ngth of stay in Baltimore life Yrs. Mos. Dava	D. STREET ADDRESS (If rural, give location)  2405 Orleans St.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	D. DATE OF BIRTH
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
male white married	April 1, 1916   35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Traffic Manager Fuld Bros.	Baltimore, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Edward Bangs	Fannie A. Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no Secontification	Leona Bangs, wife, above
18. 724 1 and 1974 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Cenoma of rt. lung. 8 mos.
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	stavilen Caraman & mas
DISEASES OR CONDITIONS, IF ANY, GIVING	A Co como ma
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	The same and
ONDERLYING CONDITION LAST.	nic osleonlyelitis of left 25 grs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Miss.
OTHER SIGNIFICANT CONDITIONS CON-	
H TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION (20. AUTOPSY)
	YES NO F
21A. ACCIDENT WAS UNDER:   21B. PLACE OF INJURY (6. g., i	n or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	to.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from here	erch, 1951, to July 10, 195, that I last saw the
	rred at :40 Am., from the causes and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
Albert Chermann M.D.	29212. teheral st. 7-13-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial July 14, 1951 Holy Cross Co	metery . Ritchie Haghway 2 St. Balto.Md.
DATE RECEIVED BY A DECISTRADIC CICNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAN	Schimunek Funeral Home, Inc.
3 93 Cm. 10 10 10 10 10 10 10 10 10 10 10 10 10	2601-3-5 E. Madison St.
JUE 1503 1931	
The state of the s	904R

2x05 Urbanes St. and the lead of the ater, tallann . nest blut the reach of test modernes . A state to Lasna Diago, wife, above July Log 1851 Delta proper Sentency Statute of Sugar Selves. N Selves. And the second s

51 6120

242			CERTIFICAT			istered No.	01.50
BIRTH NO.			CERTIFICAT	E OF DEAT	П	istered no.	
1. NAME OF E (Type or Print)		JOHN &	SISOLAK		2. DATE OF DEATH	7 30	<u>'না</u>
	City, Maryland			A. STATE		ed lived, If inst	titution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN		orate limits, w	rite RURAL and g
41	St. Jo	seph 's	Hospital	Baltimor		6-0	5 townsh
		-	Yrs.		ESS (If rural, give l	ocation)	
ngth of s	stay in Baltimore		51 yrs Mos.	5926 Eas	tern Avenue	- 24	
5. SEX	6. COLOR DR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I	n years if Unde	s: Days Hours: Mi
Male	White	411	idowed	5-25-69	82	inday) Month	s Days Hours Mi
10A. USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign count	ry)   12	CITIZEN OF
		Stand	erd Oil Co	Hungary			Winti Cookin
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
George Si	isolak	ALC: N		Catherine	?		
Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
No.			JEGOKITI NO.	Mrs. Helen S	chuman-5926	Eastern	Ave24
DISEASE RISE TO TUNDERLY	complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	ES FANY, GIVIN STATING TH ST. TIONS CON	G DUE TO (C)	riosele	rotic (	?V. ]	)
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION ,			YES NO
21A. ACCIE LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e	or 21c. WHERE D	ID (If in Baltim	ore City, give	exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	1	VHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?		
	y certify that I att		deceased fromind that death occur	7-8-, 1951	, to 7-12	=, 19_51, th	hat I last saw t
23A. SIGNA		338		30. ADDRESS	n Hospil		3C. DATE SIGNE
24A. BURIAL. (S TION, REMOVAL (S Burial	July 16,		Oak Lawn	RY OR CREMATORY	Baltimore,		(State
DATE RECEIVE LOCAL REGIST	D BY   REGISTRAR'S		Fig E	25. FUNERAL DIR Ullrich Fune	ecrob 4	, AE	ns St.

THE SECTION AND THE SECTION AN



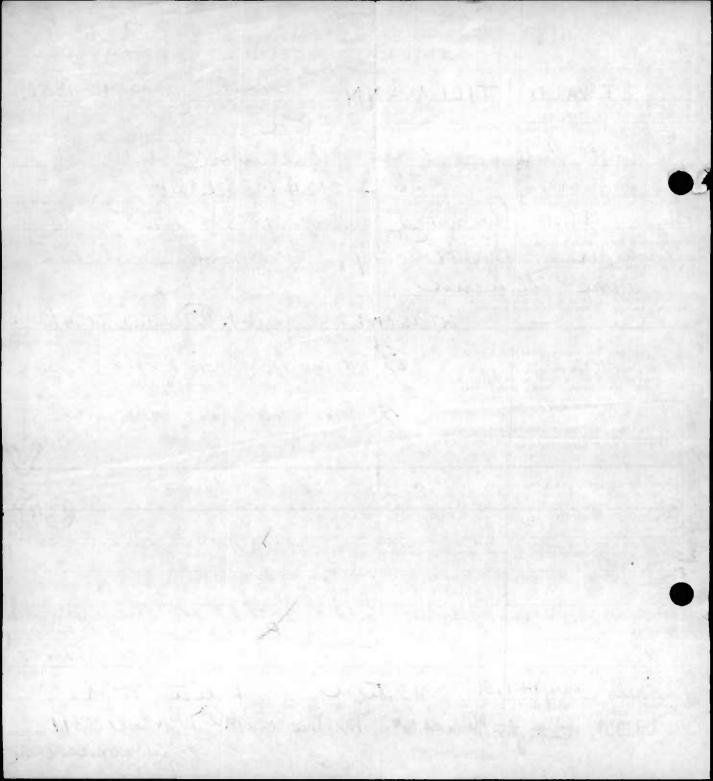
51 6139 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. p. STREET ADDRESS (If rural, give location) Mes. ength of stay in Baltimore Daye 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. dowel 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 1.5.6 Ferman 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO -26-5199 emann 18. 2/20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C). RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL YES NO DIC 21B. PLACE OF INJURY (e.g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 6-13 195/10 19 that I last saw the . 19 51, and that death occurred at 3. 30 Pm., from the causes and on the date stated above. deceased alive on Y - // 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED wills 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City. town, or county) TION, REMOVAL (Specify) uly 14.1 DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

56/3C

S. C. Williams

47 Edmondson we

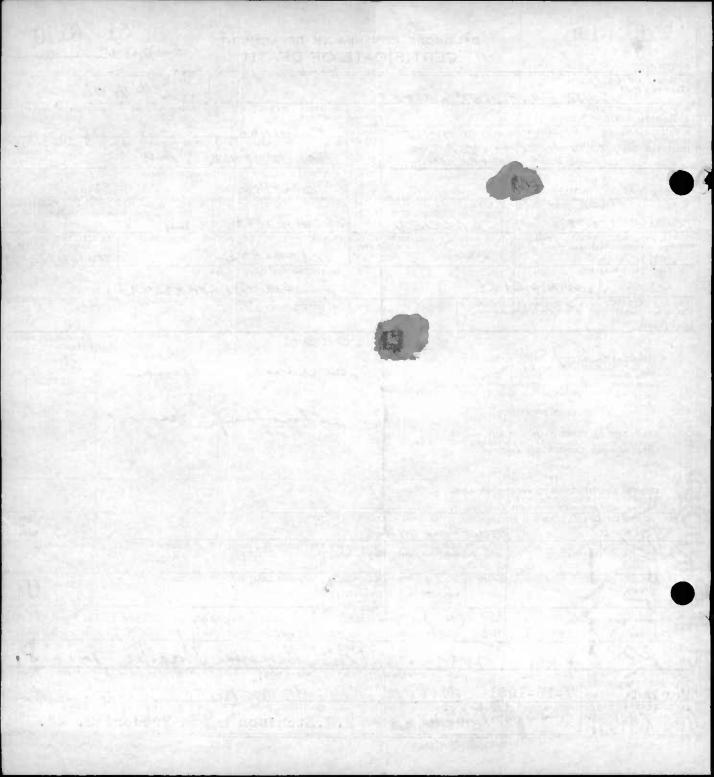


551 66140

839

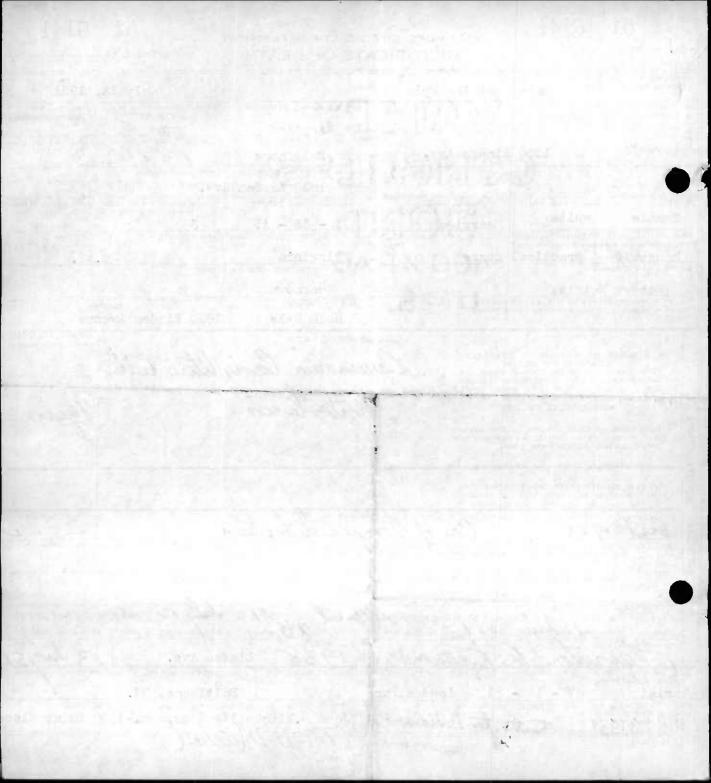
		3.0	DAI	CERTIFICATI	E OF DEATH	Registered N	0
	RTH NO.						
(T	NAME OF C	1 1	PIGLER	SHAFER		OF DEATH 7-12-	51
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence hefore admission
В.	FULL NAME		al or institut	ion, give street address or	MARYLAND	-wa	shen aton
	SPITAL OR STITUTION	UNION MEMOR.	IAL HOS	PITTAL - location)	C. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township
11	4	BANT	more	, mo.	HAGERSTON		Cownship
	ength of s	tay in Baltimore	100	Yrs. Mos. 3 Days	BOX 444	If rural, give location)	7103
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years   I	Under 1 Year   It Under 24 Hours
F	EMANE	WHITE		VED, DIVORCED (Specify)	16. JULY 1906	last birthday) Mor	ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	IOB. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOFE	HOUSEW	of working life, even if retired)	NON	INDUSTRY	MARGLANI		UNITED STATE
13	FATHER'S	NAME			14. MOTHER'S MAIDEN		UNITED STATE
	JOHN				FLORA MI	JACKSON (D	
15 (Yes	. WAS DECEAS , no or nuknown)	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS
	KEOWN			a dilina			
ATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA B not mean the mode re, astheria, etc. It mer complication which ANTECEDENT CAU: SOR CONDITIONS, 17 THE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. ans the diseas caused deatl SES  F ANY, GIVII STATING T	g., (A)	of DEATH cerebrae p. In lan	edema.	ONSET AND DEATH
CERTIFIC	TRIBUTING TO THE D	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT			
1			27	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	7-12-	ENT. SUICIDE.	PITUIT	ACE OF INJURY (e.g., Is	or   21c. WHERE DID	(If in Baltimore City, g.	YES NO
MEDICA	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	INJURY OCCUR?	(II in Danimore Only, g	ive exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year		2 1E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
	22. I hereb	g certify that I att	tended the	deceased from Jun	4 10 , 1957, to [	Juny 12, 1951	, that I last saw th
		live on Uney 12		and that death occur	red at 9:35Pm., from	the causes and on th	e date stated above
	23A. SIGNA	TURBONIA	Car	m. D. Ce	B. ADDRESS	e Hospital	7-12-51
24	A. BURIAL.	CREMA- 248. DATE		24C. NAME OF CEMETE		The second secon	
	n REMOVAL (S urial	7-15-19	951	MIDDLETAIN	N Luthem - A	11ddletoIN	01-116
DA	TE RECEIVE	D BY MEGISTRAR		BE-	25. FUNERAL DIRECTO	RY	ADDRESS
LC	CAL REGIST	TAN .	47 /1/JU	Lame, H.R		son Freder	ick, Md.

The state of the s



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

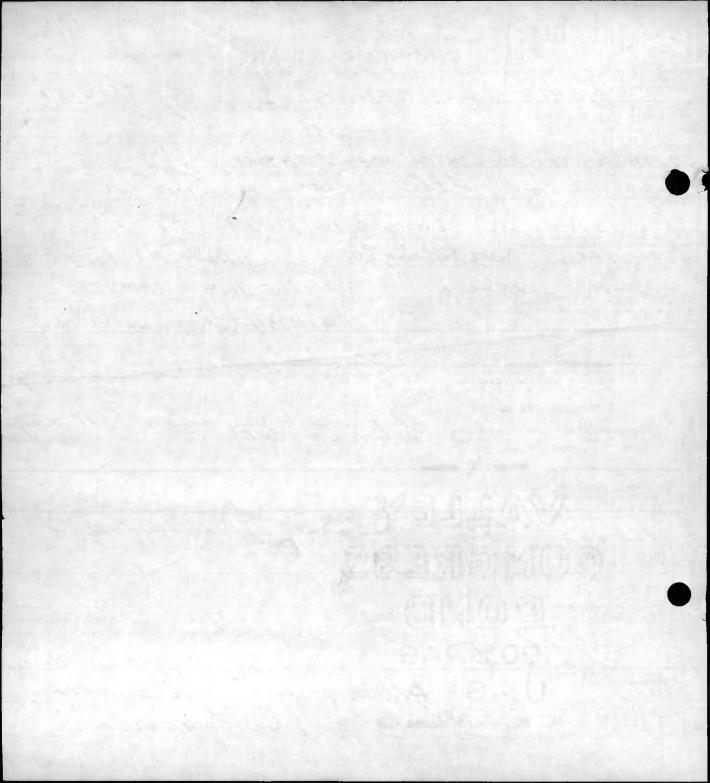
1. NAME OF DECEASED 2. DATE	
(Type or Print) Daisy Watkins Ryle	y 12, 1951
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived	d. If institution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or none)  Maryland  none	before admission)
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate l	imits, write RURAL and give
1630 Linden Ave. Baltimore /4-	( township)
10 Yrs. D. STREET ADDRESS (If rural, give location	)
ength of stay in Baltimore Mos. Days 1630 Linden Ave.	Harat X a grad
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years wildowed, DIVORCED (Specify) last birthday)	Months: Days Hours: Min.
female white married 3 - 25 - 15 36	TOURS DAYS HOURS MINE.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF
housewife & practical nurse Virginia	U. S.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Robert Watkins unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT	ADDRESS
(Yee, no or unknown) (If yee, give wer or dates of service) SECURITY NO. Hugh Ryle 1630 Linden	
18. / ) / V CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	/year
C OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
O TO THE DISEASE OR CONDITION CAUSING IT.	
	20. AUTOPSY? YES No Lety, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR? FINJURY	
m. WHILE AT NOT WHILE AT WORK	
	951, that I last saw the
deceased alive on 2 daly, 19 5 Land that death occurred at 45 pm., from the causes and o	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
M.D. 756 Linden Ave.	13 July 51
246. NAME OF CEMETERY OR CREMATORY 24B. DATE 10N, REMOVAL (Specify)	own, or county) State)
burial 7 - 14 - 51 Loudon Park Baltimore, Md	
LOCAL REGISTRAR JUL 31951  A Sons Inc.	-1900 Eutaw Place
VS 150 7818A	48a



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6142

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF KENLY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MD. B. FULL NAME OF. (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) SOUTH GENERAL HACPIN D. STREET ADDRESS Yrs. (If rural, give location) Mos. ngth of stay in Baltimore HOLLINS Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) 8. DATE OF BIRTH If Hader 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. DIYORCED 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ork done during most of working life, even if retired) 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) loung 60 WHAT COUNTRY? SEAMSTRESS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ASMIR SKIRMAN NANYLIJ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL (If yes, give war or dates of service) (Yes, oo or uokoowo) SECURITY NO. 550,1 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? uplined + gangrenous appendix + CA 21c. WHERE DID 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. s., In or (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from I/ 6 1957, to\_ , 1951, that I last saw the deceased alive on July 12, 19 1, and that death occurred at /. 2m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATU VS 150 and with the state of the stat



11/2	52
61	6143

51 6143

BIRTH NO.	CERTIFICATI	E OF DEATH	registered i				
1. NAME OF DECEASED (Type or Print)	B. Cart	nichael	2. DATE OF DEATH	4 12, 195]			
a. Baltimore City, Maryland		4. USUAL RESIDENCE WH	nere deceased lived. If	institution: residence before admission)			
	ution, give street address or	Mary	and U.	2271			
INSTITUTION 1128 Druid	Hill Que.	d. CITY OR TOWN	utside corporate limit:	s, write Roll Alloy a give township)			
Cength of stay in Baltimore	30 Yrs. Mos. Days	D. STREET ADDRESS (If re	ural give location	Queres			
	LE, MARRIED, WED DIVORCED (Specify)	8. DATE OF BIRTH 3/10/1895		Under I Year     Under 24 Hours   hours   Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRYS			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME				
- m	1-						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Manuel G	AI	ONCOLO			
18. 442 × .	CAUSE	OF DEATH	7	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	Y 0 1	11 00	0	ONSET AND DEATH			
LEADING TO DEATH  (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,	s Vascular Jen	il Viceal	e Ino.			
ANTECEDENT CAUSES		1 . 0_					
Z DISEASES OR CONDITIONS, IF ANY, GIV	(B) 1) e Cc	bitus.	***************************************				
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.							
O	(C)						
		•					
TRIBUTING TO THE DEATH, BUT NOT RELA	TED						
19A. DATE OF OPERATION (19B. MAJO	R FINDINGS OF OPER	ATION	•	20. AUTOPSY?			
NA CONTRACTOR OF THE CONTRACTO							
	_ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		in Baltimore City, g	rive exact location)			
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
m.	WHILE AT NOT WHILE						
22. I hereby certify that I attended th		ne 10, 1950 to Jie	14 12 , 195	L, that I last saw the			
deceased alive on July 1, 1951		red at + P: m., from the	e causes and on th	ic date stated above.			
23A. SIGNATURE		3B. ADDRESS	Λ	23C. DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE	M. D.   24c, NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town,	or county) (State)			
But and (Specify)	mt. Aul	you West	thant -	md,			
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	4.	ADDRESS			
JUL 131951 Turtington No.	liames, Kills	Charles H. Allo	harrifer	a ribitistic			
	Discussion of Di	2	1200 mel	ulloh St.			
ereght addis	. 75	108H 13	1a Bult	imore, and.			

7208A

Burnel Integrition That head was Hearfast Das I The state of the s

320

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 6144
Registered No.

B	IRTH NO.											
	NAME OF D Type or Print)	ECEASED	RU	BEN	1	7-116	-5		2. DATE OF DEAT	7_	13-5	-1
	PLACE OF D Baltimore (		ryland				A. USUAL R	ESIDENCE		sed lived. It	'institution : re before	sidence admission)
	FULL NAME OSPITAL OR	OF (If	not in hospita	al or institution	on, give street	address or Jocation)	C. CITA OR T	OWN	f outside cor	porate l'mi	s write RejRA	Leand vive
IN	STITUTION	629	SIM	mite	en al	ve	Ma	Hill	p 0	)		township)
7		-	700	~~~~	000	Yrs.	D. STREET A	DDRESS (1	f rural, give	location)	1.	
C	Length of s	tay in Ba	altimore	No. No.	40	Mos. Dave	2629	Ulu	autr	co	uae	
5.	SEX	6.COLO	R, OR RACE		MARRIED,	D (Specify)	8. DATE OF	BIRTH	9. AGE		M Under 1 Year   H	Under 24 Hours ours: Min.
1	lale	Whe	te	w	down		1		00			
wor	A. USUAL OC	f working life	N (Give kind of even if retired)	10B MIND	OF BUSINES	S OR DUSTRY	11. BIRTAPL	ACE (State or	foreign coun	try)	12. CITIZEN WHAT C	OUNTRY
13	FATHER'S N	LANGE		-42	ocer		14 MATUED	S. WAIDEN I	14315			
-	71 M. 1	MAN	571.				14 MOTHER	S MAIDEN I	NAME			
15	. WAS DECEASE	D EVER IN	U. S. ARMED	FORCES?	16, SOCIAL		T INFORMA				DDDCCC	
(Ye	s, no or unknown)	(If yes, g	ivo war or dates	of service)	SECURIT	TY NO.	Nous -	Ann	1	F	DDRESS	.0
_	10 1/				_	AUGE	OF DEATH	Java	MOR		INTERVAL	BETWEEN
	18. 4 7.1		I	DIRECTIV		AUSE	OF IDEATH	~/			ONSET A	ND DEATH
		LEADIN-	G TO DEAT		/	(17.0	MINI	Inve	mBo	25/8	10	chare
	heart failu	re, astheni	a, etc. It mea	ns the disease aused death.	,				Cariana da Anggan .			rays
	,,				,	11	1	/	0 1	1/		
ZO	ANTECEDENT CAUSES (B) Fluster Fursier (asdus-Valkculak 12 y									4116.		
9	RISE TO T	HE ABOVE	CAUSE (A)	F ANY, GIVING TH		//			Re	Slace	/	
CA	UNDERLY	YING COM	IDITION LA	ST.								
E			11		(C)	444						
ERT				TIONS CON								
CE	TO THE D	ISEASE OF	CONDITION	CAUSING IT							1	TODOVA
A.L	19A. DATE C	OF OPERA	TION	98. MAJOR	FINDINGS (	OF OPER	ATION				YES Y	TOPSY?
EDICAL	21A. ACCIDE				CE OF INJUR				(If in Balti:	more City,	give exact loc	the balance
	HOMICIDE	(Specify	•)	about home, fa	rm, factory, street,	office bldg., e	tc.) INJURY	OCCUR?				
Σ	210. TIME	(Month) (	Day) (Year)	(Hour) 2	1E. INJURY	OCCURRI	ED 21F. HOW	DID INJUE	RY OCCUR	?		
	FINJURY				HILE AT WORK	NOT WHILE						
	22. I herch	u certifu	that I att		deceased fro		DR.	1940106	Jule 1	3 .195	Z, that I las	t saw th
		79	0	D. 1	and that dea		red at	Fin. from			he date stat	
	23A. SIGNA						38. ADDRESS		DO.a	0	23c. DATE	SIGNED
	MINI	Vac	orsun		1	м. п.	2910 C	uau i	COL	(Ceta town	7-19	(State)
71 TI	ON REMOVAL (S	pecify)	4B. DATE	, 2	4c. NAME OF	1	RY OR CREMAT	10RY 246.	LOGATION	L City, town	) . A	(State)
-	ATÉ RECEIVE	DRVIR	1713-5	SSICNATI	Herren -	ner	26. FUNERAL	DIRECTOR	Tal	1	ADDRESS	1.1
L	OCAL REGIST	विदेश	Thursday	ALAN IB	ilians, h	Par	, 4	0 0 0	Dave -	1000	Entaw	Place
-		1331	- Stable	W. P. STORE		**	100	L'ATTICO	414.	100-07	anau	1 ~~~
	VS 150		36.	· entragen			906A.				931	
							10011.				1 -/	

love form

16	50
5.1	6145

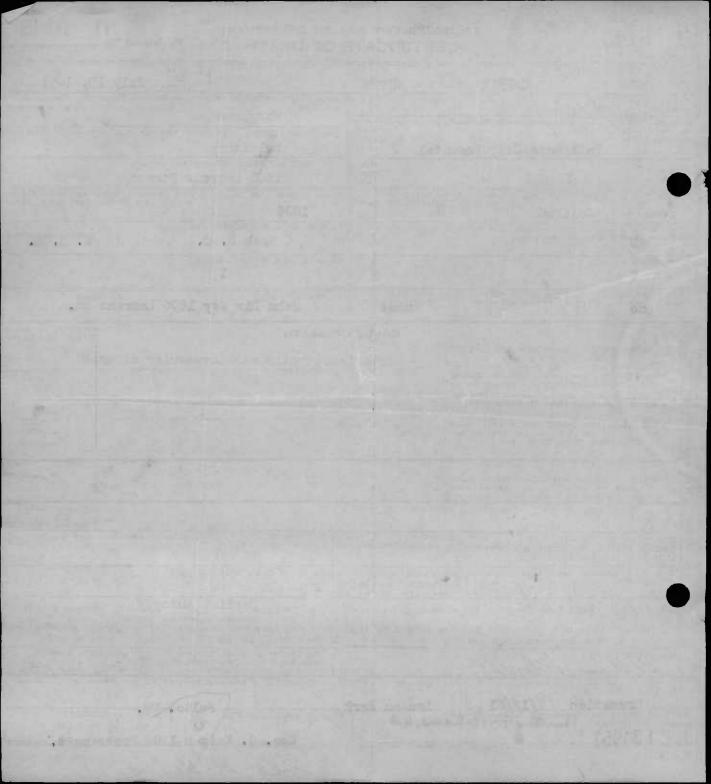
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6145

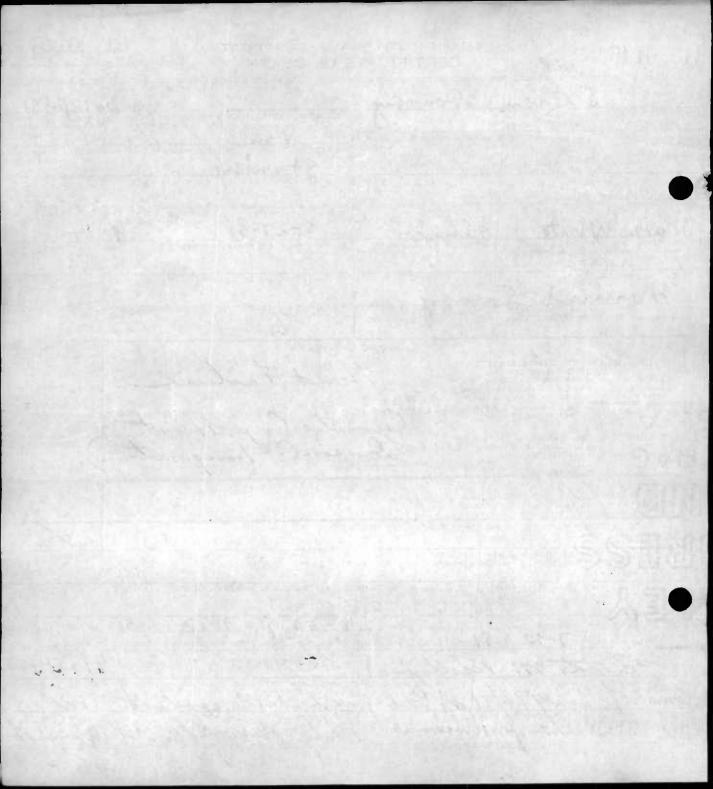
Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE July 10, 1951 CARRIE GREEN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where dcceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write and give INSTITUTION ownship) Baltimore Baltimore City Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1406 Laurens Street rigth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) 1896 Female Colored 12. CITIZEN OF 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY Wash D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT John Dix Bey 1406 Laurens St. (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT W 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes R, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SAGNATURE 238, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Cremation DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Geo. G. Kelm n 1303 PresetmnSt.

V S 151

Seo. S. Kelson 93



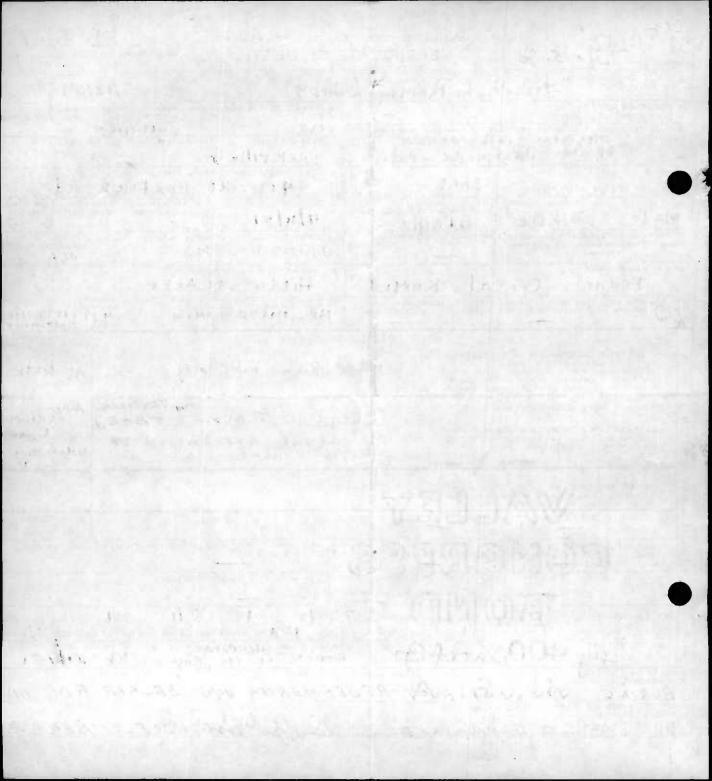
ii (	00		
1		E OF DEATH Registered No.	6146
1. (7	NAME OF DECEASED type or Print)	2. DATE OF	10.140
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	jution residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) ISTITUTION		write RURAL and give
	23 SOUTS 50 PX 188 NOS PT 19 Yrs.	D. STREET ADDRESS (Maral, give location)	township)
0 15	ength of stay in Baltimore Mos. Days	0	
1	male White Simple (Specify)	8. DATE OF BIRTH  5-27-51  9. AGE (In years   fluid   Month	der I Year II Under 24 Hours his Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Ye	WAS DECEASED EVER IN U. S. ARME FORCES? I, no or unknown) (If yes, give war or dates of service) GCURITY NO.	17. INFORMANT ADD	RESS
	agestar no.	POUTS GOLVIES ROSSILE	
	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND OEATH
	(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ent talue	
	ANTECEDENT CAUSES	1:0 11 +	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
FICA	(C)	mpselen	<b>!</b>
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED		
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	1 20. AUTO 5Y?
EDICAL	21A. ACCIDENT WAS UNDER:   218. PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (If in Baltimore City, give	YES NO
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	eta.) INJURY OCCUR?	Chaco location)
E	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	6-30, 1951, to 7-12 , 1951, t	hat I last saw the
	deceased alive on 1951, and that death occur 23A. SIGNATURE 2	rred at 1776m., from the causes and on the causes are causes are caused and the cause are caused and the cause are caused and the caused are caused are caused are caused and the caused are caused are caused and caused are caused are caused and caused are cause	date stated above.
2.4 T.K	A. BURIAL, CREMA- 24B. DAYE 24C. NAME OF CEMETER		county) (State)
1/2	TE RECEIVED BY REGISTRAR SEIGNATURE	while kengherandoak	DDRESS
LC	101 1951 1 white for Milians, Ma	Thelyo Cherwill Ams, 2024	Orleans My
	VS 150		157F
			1

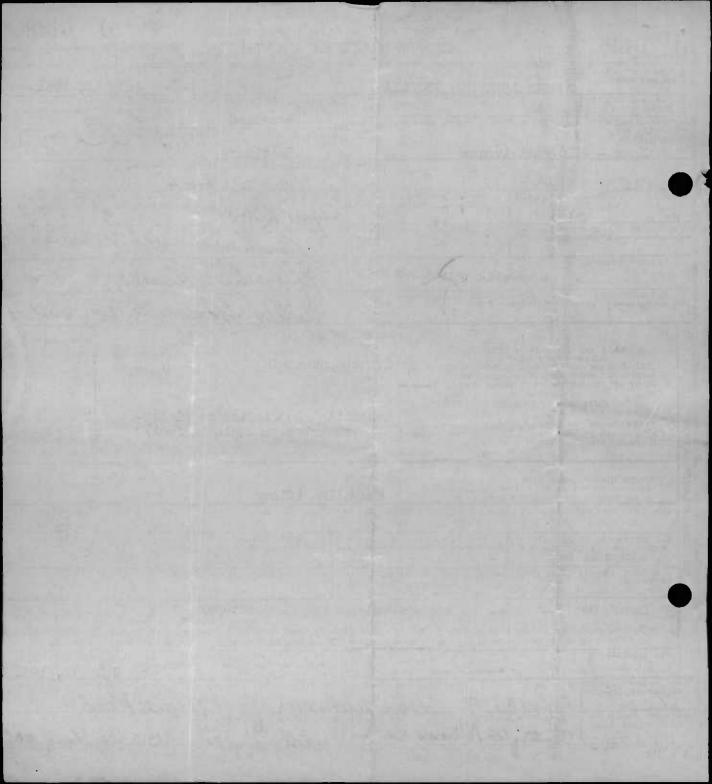


152							
51 6147 BALTIMORE CITY HEALTH DEPARTMENT \$ 51 6147							
BIRTH NO. 51 - 15630 CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED	2. DATE - 1 - 1 - 1						
	BA64) OF 7/12/51						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission						
B. FULL NAME OF. (If not in hospital or institution, give street address of	Md. BALTIMOLY						
HOSPITAL OR HOSPITAL FOR WOMEN location	tourship of the state of the st						
H BALTIMORE - Md.	D. STREET ADDRESS (If rural, give location)						
Anoth of store in Baltiman 3 kRS Mos.	Scall OLD HAREORD DA						
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years If Under ) Year   If Under 24 Hours						
MALE White SANGLE (Specify	1111151 3 55						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  BALLIMOR M.  12. CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
FRANCIS CONRAD KOMIA	HILLA STRACKE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) SECURITY NO.	MRS HILDA ROMIG 8417 OU HARFOR						
	OF DEATH INTERVAL BETWEET						
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	REBRAL ANOXIA At BIRTH						
ANTECEDENT CAUSES	TENTORIAL AUTIO						
(20)	EBRAL TRAUMA (TEAR) - PARTUM						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE BOVE CAUSE (A) STATING THE DUE TO PRE-	14 ture separation of (2hr)						
	the PLACENTA ANTIPARTOM						
OTHER SIGNIFICANT CONDITIONS CON-	3.4/4						
TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?						
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (c. g., about home, farm, factory, street, office bldg.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)						
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?						
21b. TiME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from	7/10 51, 1951 to 7/12, 1971, that I last saw th						
deceased alive on 7-12, 19-51, and that death occur	erred at 1 Am., from the causes and on the date stated above						
	238. ADDRESS HOSPITAL FOR 23C. DATE SIGNED						
	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)						
TION, REMOVAL (Specify)							
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR	VOLAND BID 1800 FLOMBARD D.						
VS 150	THE NEW TOUR ZOUNDER OF ST.						

w. with the property of

160a





426					
BALTIMORE CITY HEALTH DEPARTMENT Segistered No. 6149					
DERTH NO.	E OF DEATH Registered No.				
1. NAME OF DECEASED Bloscher, Henry	2. DATE OF DEATH /2 July 5/				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland Baltymore				
INSTITUTION	C. CITT OR TOWN (If outside corporate limits, write RURAL and give				
VNIVEYSITY HOSPITS) Yrs.	D. STREET ADDRESS (If rural, give location)				
mos.  Mos.  Days	51 Ores brook Rd.				
5. SEX   6. COLOR OR RACE   7. SENDLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours				
M WHOOMES SHOWED (Specify)	Jan. 11, 1875 76 Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
Retail Groser owner Grocery	Germany				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Philip Bloecher	?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS Pkwy				
none	Mr. John H. Bloecher, Sr 612 Wildwood				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  CAUSE  DUE TO	OF DEATH  ONSET AND DEATH  ONSET AND DEATH				
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Parrie Carlis mar. Sino				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION () 198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?				
4 man man	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH None farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact local injury occur?)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE MY WORK AT WORK					

22. I hereby certify that I attended the deceased from July deceased alive on Solv 12 23A. SIGNATURE

**一种的人们的人们的人们的人们** 

, 1951, to 3, 12, 1951, that I last saw the m., from the causes and on the date stated above. , 19.51, that I last saw the , 1951. and that death occurred at 3 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

Burial

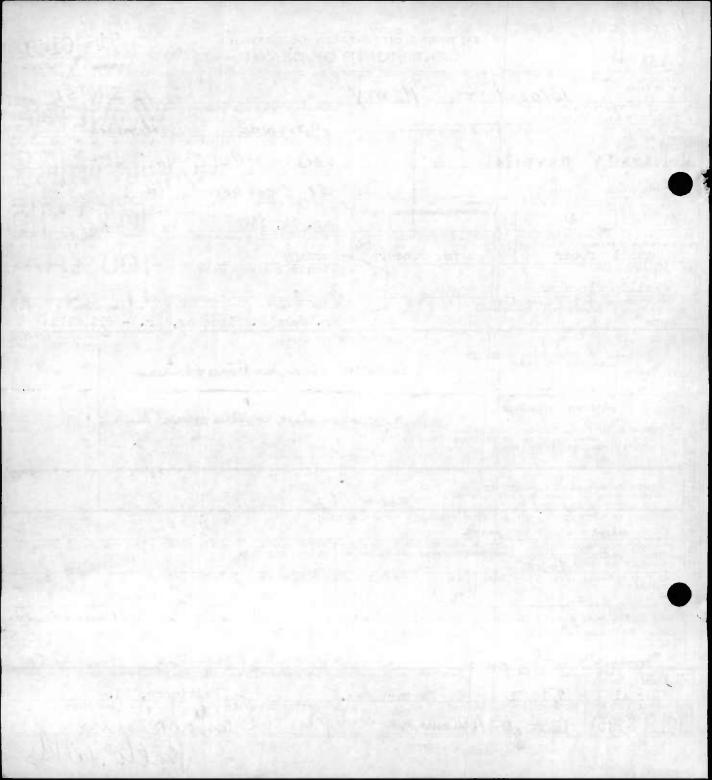
Western Cem.

DATE RECEIVED BY

Baltimore, FUNERAL DIRECTOR

ADDRESS

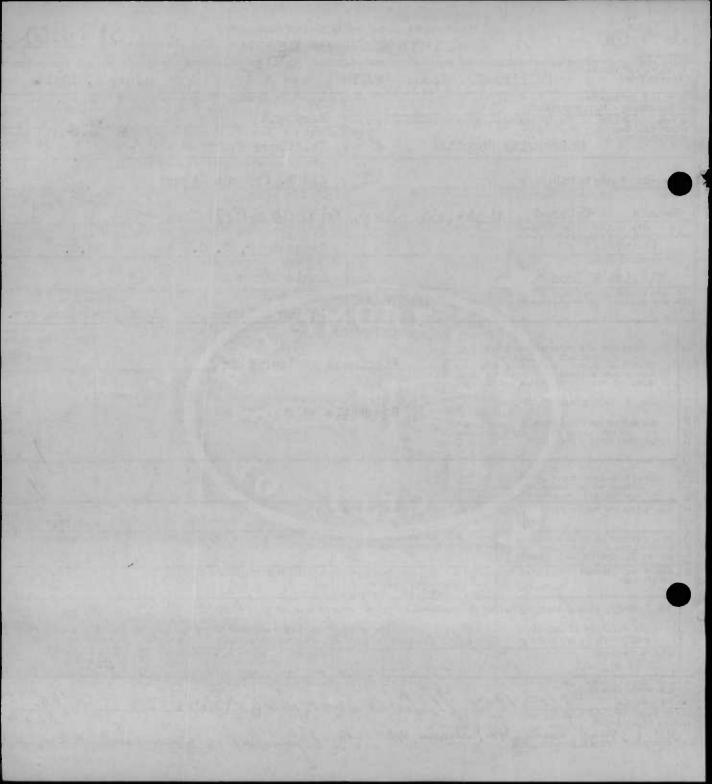
VS 150



5	36150	
-0.	() Lijij	

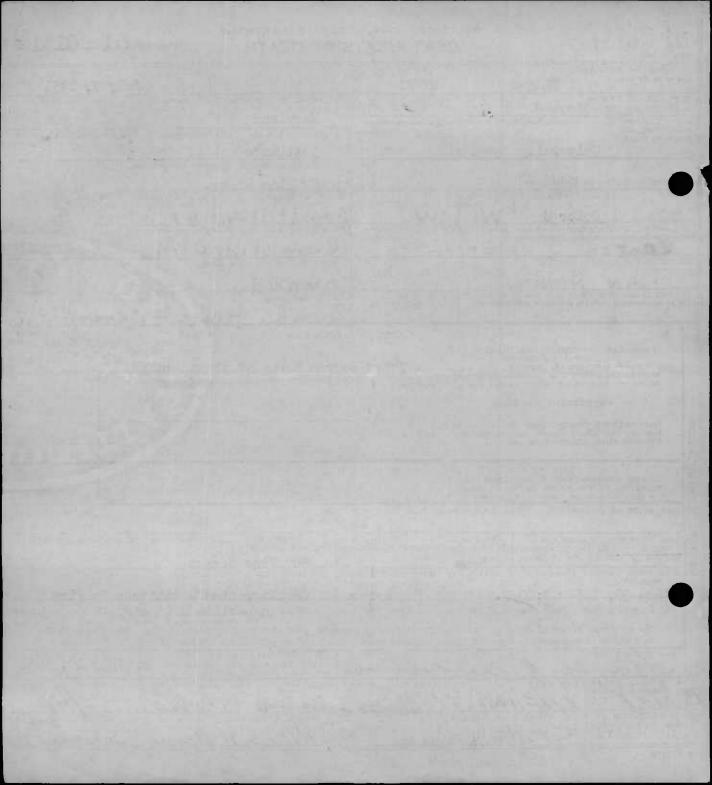
## BALTIMORE CITY HEALTH DEPARTMENT 51 6150

	CERTIFICAT	E OF DEATH Registered N	0.				
1. (7	NAME OF DECEASED CHRISTOBEL WILSON SMIT	H 2. DATE OF July	7, 1951				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)				
В.	FULL NAME OF If not in hospital or institution, give street address or	Maryland					
	University Hospital	c. CITY OR TOWN (If outside corporate limits Baltimore	township)				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
	ength of stay in Baltimore Days						
	Female Colored 7. SINGLE, MARRIED. (Specify)	March 5,1907 last birthday) Mon	ths Days Hours Min.				
10 wor	OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR kdone during most of working life, even if retired) HOUSEWILE	11. BIRTHPLACE (State of foreign country) Orangeburg, S. C.	12. CITIZEN OF WHAT COUNTRY				
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00				
	William Wilson	Annie Simmons					
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  16. SOCIAL  16. SECURITY NO.	17. INFORMANT AD	DRESS				
	10	Julius Sullivan 1916 E	dmondson Ave.				
RTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	tic heart disease					
CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
AL			YES X NO				
EDIC	218. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e. g., in or 216. WHERE DID (If in Baltimore City, give exact location)  UNDERLYING OR CONTRIB.  about homo, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I certify that I took charge of the remains described of	above, held an Autopsy	thereon and from				
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	8 ♠, accident ☐, suicide ☐, homicide ☐, un  238 CHIEF MEDICAL EXAMINER	determined				
2	14. BURIAL CREMA 248. DATE 246 NAME OF CEMETE	I.D.   MEDICAL INVESTIGATOR					
7	30 REMOVAL (Specify) 7/13/1987 9/11	Laun Um Balto.	HIS.				
	JUL 13195	Mis Kali R. Williams Si	harding to				
V	S 151	THE THE PARTY OF T	90a				



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6151

BIRTH NO.		OLIVINI IOMIL	- OI DEATH			
1. NAME OF DECEASE (Type or Print)	ERNEST	HENRY		2. DATE OF DEATH	July 9, 1951	
A. Baltimore City, M. B. FULL NAME OF	laryland If not in hospital or institu	tion give attend address of	4. USUAL RESIDENCE A. STATE Maryland		ved. If institution : residence	
HOSPITAL OR INSTITUTION		location)	C. CITY OR TOWN	(If outside corporat	te lights, will cit URAL and gi	
UIL	iversity Hospit	Yrs.	Baltimore D. STREET ADDRESS	(If rural give logiti	ion)	
ength of stay in	Raltimore	Mos.			1011)	
		E. MARRIED.	807 Vine Str	9. AGE (ln yer	ers If bader   Year   It Under 24 Hou	
	wibo/	MED, DIVORCED (Specify)	1- 10 100	last birthda	y) Months Days Hours Min	
Male   Co.	Lored WI	D OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	
work dom during most of working		INDUSTRY	A Dub.	100 11	WHAT COUNTR	
13. FATHER'S NAME	121	ore	14. MOTHER'S MAIDEN	196 /10		
701	10.00.1		14. MOTHER'S MAIDEN	INAME		
15. WAS DECEASED EVER	ABMIL EDBEES	1.6. 606141	MANUA			
(Yes, no or unknown) (If ye	a, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 900	
NO			James H	ENTV -	BENNET PI	
18. E916.	0 1	CAUSE	OF DEATH		ONSET AND DEAT	
DISEASE OR	CONDITION DIRECTLY	Fed Translation				
(This does not me	ean the mode of dying, e.	g., (A) Thirdd	egree burns of	chest and	•••••	
injury or complic	enia, etc. It means the disea cation which caused deat	se, h.) DUE <b>TO</b>		abdomen		
ANTEC	ANTECEDENT CAUSES					
	(B)					
DISEASES OR CO	ONDITIONS, IF ANY, GIVI VE CAUSE (A) STATING T					
UNDERLYING C	ONDITION LAST.	(C)				
DISEASES OR CO		(0)				
OTHER SIGNIFI	CANT CONDITIONS CO	N-				
TRIBUTING TO THE	E DEATH, BUT NOT RELAT OR CONDITION CAUSING					
U 19A. DATE OF OPER		FINDINGS OF OPERA	ATION		20. AUTOPSY?	
٦					YES NO G	
21A. EXTERNAL CA UNDERLYING TO UTING TO CAUSE		ACE OF INJURY (e. g., in farm, factory, street, office bldg., et		(If in Baltimore	City, give exact location)	
UNDERLYING TO O			807 Vine S	tnoot	18/1	
∑ 21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURRE			1	
Line 30 19	51 3.00 P m.	WHILE AT NOT WHILE WORK	Complement	dan makki	ress on fire	
					uirs thereon' and fro-	
			Attons	v. Inspection or Inc	quiry	
the evidence and death in	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the da and death in my opinion resulted from: natural causes □, accident ☑, suicide □, homicide □, undet					
123A. SIGNATURE	en H. De	maclo M.	238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER		
24A. BURIAL, CREMA-	248. DATE	24c NAME OF CEMETER		The same of the sa	town, or county) (State,	
surial !	1/13/1951	MALLIN	elis lines (	Salto	17/100	
LOCAL REGISTRAS	REGISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTO	R	ADDRESS 322	
JOF 1 2 1321	huntre store //	liance M. B. 7	no Kutus R.)	Villamo	, Schway !	
V S 151					100	
N-9.	47.2	78	306V		18,0 /	



263	
51 615 BIRTH NO.	2

## CERTIFICATE OF DEATH S1 6152 Registered No. BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.	)		CERTIFICAT	E OF DEATH	20081200100	110,
1.	NAME OF D'ype or Print)	DECEASED Helen	Rie	hardson		2. DATE OF DEATH	7-11-57
B.	FULL NAME	City, Maryland	Bol to	on, give street address or location)		B. COUNTY	If institution: residence before admission)
11/	ISTITUTION	Univ. Hos	p.		BAlto.	1	township
	ength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)  Berea	1
5.	SEX	6. COLOR DR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH 6-6-22	9. AGE (In years)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
1 C	A. USUAL OC done during most	CUPATION (Givekind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	NEMANOR!	Moyo	7	14. MOTHER'S MAIDEN	NAME 2	~ /H.
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ster	ADDRESS
CERTIFICATION	DISEASE RISE TO 1 UNDERL	LEADING TO DEA' s not mean the mode of ure, asthenia, ctc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, I THE ABDVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITION BY DISEASE OR CONDITION	of dying, e. g. ns the disease saused death. SES F ANY, GIVIN: STATING TH ST.  TIONS CDN NDT RELATE	(B) Ur  (C) Cry	rie 910. N emis true Mu	dtform	
_				FINDINGS OF OPER	RATION		20. AUTOPSY7
EDICA	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., I		(If in Baltimore City	7, give exact location)
Σ		(Month) (Day) (Year)		HILE AT NOT WHILE WORK		JRY OCCUR?	
	deccased a	oy certify that I att	ended the	and that death occur	7-7-, 195/to_ rred at 9 29m., from		6, that I last saw the the date stated above.
34	A. BURIAL,	CREMA- 24B. DATE	) wto-			LOCATION (City/tov	
D	ATE RECEIVE CAL REGIST	D BY REGISTRAR	S SIGNATE	Ballo S	25. FUNERAL DIRECTO	Ballo	ADDRESS 322 N
_	JUL 13	1331	- was street to	200	rue ruce . r	weams	Survey

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY WARREN HEFFNER 4. USUAL RESIDENCE (Where deceased lived. If 3. PLACE OF DEATH: A. Baltimore City, Maryland 3325 Maryland 3325 Nosl E ST (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) brite RURAL and give (If outside corporate INSTITUTION township (If rural, give location Yrs. D. STREET ADDRESS Mos. length of stay in Baltimore AIFE Davs AGE (in years | If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED WIDOWED, DIVORCED (Specify) ACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11 BIRTHPI 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AT HOME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yea, no or unknown) (If yea, give war or dates of service) 16. OCIAL SECURITY NO INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WS QUAMOUS (FAL CARCINOMA LEFT TURN) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUE TO WITH MOTASTASIN TOLFFT injury or complication which caused death.) CERVILAN REVISA ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OHE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION MEDICAL AUG. 16,6250 AUAMUUS CELL CARLINSMA WEFT TONSIL 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT 1950 to JUN 11 , 1957, that I last saw the JULY 10 22. I hereby certify that I attended the deceased from\_ deceased alive on 2 by 10, 1951, and that death occurred at 11 A.m., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 1215-HILHLAND AVE euramin 24A. BURAL CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY BURINA DATE RECEIVED BY KERHMOUNT CEIVETERY DALTIMORE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

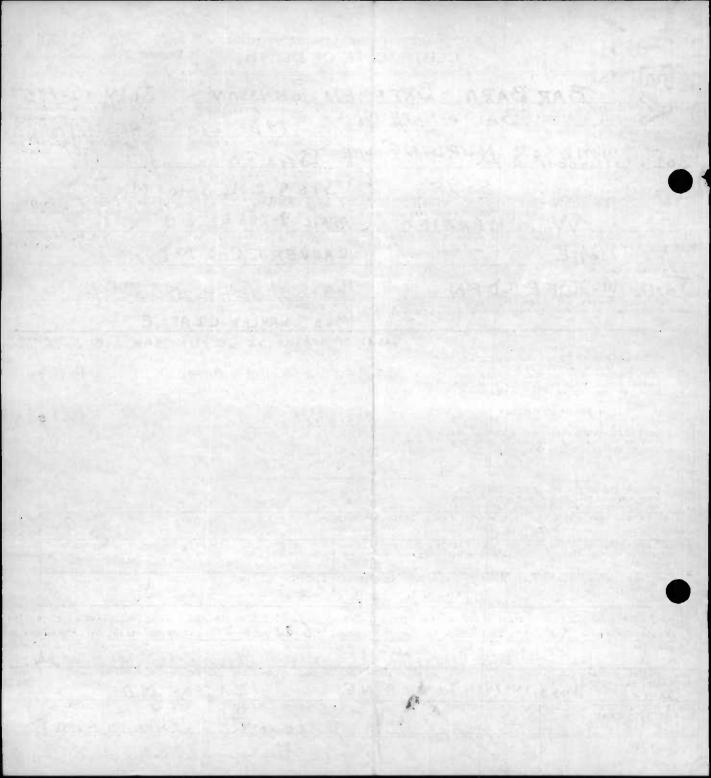
Dr. I Lighstein

5	2	5
51	63	154
BIRTH	NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

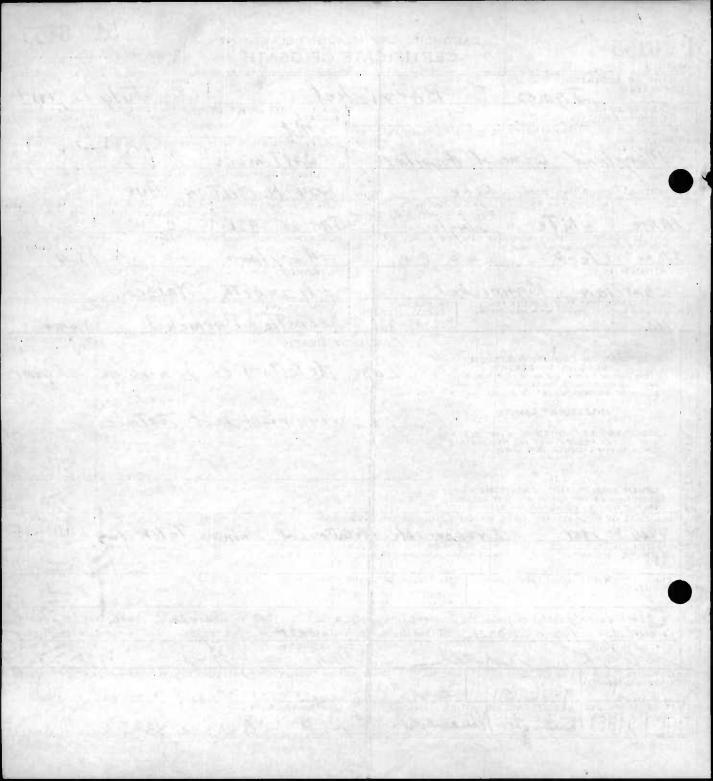
Registered No. 6154

BI	RTH NO.							
(T	NAME OF DEC ype or Print)	BARE	BARA	BREED	EN JOHN.	SSON 2. DATE OF DEATH		-1951
	PLACE OF DEA Baltimore City	y, Maryland	BALTO	. CITY MI	4. USUAL RESIDE	ENCE (Where deceased B. COL		re admission)
H	FULL NAME OF	(If not in hospit	al or institution	give street address of	C CITY OR TOWN	(If outside corpor	CHESHOL	MICD.
IN		INDSOR	NUR	SINGHOI	F RAL	TA:	15-09	township
7	BES WI	NASOR A	INF .	Yrs.	D. STREET ADDRE	SS (If rural, give lo	tion)	
0.		v in Baltimore		RS Mos.		. HESHOL	-M RD	) *
5.	SEX 6.	COLOR OR RACE		DIVORCED (Specif.	APRIL 9-/	9. AGE (In last birth	day) Months Days	Hours Min.
10	A. USUAL OCCU	PATION (Give kind of	MART	F BUSINESS OR	11111	State or foreign country		-
rorl	done during most of we	orking life, eyen If retired)	-	INDUSTR		Co. Mb		COUNTRY?
13	FATHER'S NAM				14. MOTHER'S MA	IDEN NAME		
J	OHN W	· BREE	EDEN		LAURA 1	1. BUCK	LESS	
15 (Yes	. WAS DECEASED	EVER IN U.S. ARMEI	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	_			^		LOR CLARK		
	18. 760	X		CAUSE	OF DEATH472	OGWYNN B	AK AVENTER	AND DEATH
ă	L	OR CONDITION	TH	0	1-13000	an design	61	w+1
	(This does no heart failure,	ot mean the mode asthenia, etc. It mes	of dying, e.g., ans the disease,	(A)	mo vareur	ur ansense	uro	uit lyr
		omplication which		DUE TO		The Day		
Z	1A	NTECEDENT CAUS	SES	(B)	Qualieles		alre	lut 3 415
LION	RISE TO THE	OR CONDITIONS, I	STATING THE	DUE TO				
CA	UNDERLYIN	NG CONDITION L	AST.					
LEL		11		(C)				
ER		NIFICANT COND						
Ü		EASE OR CONDITION	CAUSING IT.	INDINGS OF OPE	RATION		1 20.7	AUTOPSY?
CAL			_				YES	No 4
EDIC	21A. ACCIDENT	T. SUICIDE, (Specify)		E OF INJURY (e. g. n,factory,street, office bldg			re City, give exact	location)
ME								
1	F INJURY	onth) (Day) (Year		E. INJURY OCCUR	ACCOUNT OF THE PARTY OF THE PAR	INJURY OCCUR?		
		~	m. w	ORK AT WORK		. 00	nda .	
		certify that I at				1, to July 12	_, 193/_, that I l	
	deceased aliv		_, 19_7/_, an	d that death oce	23B. ADDRESS	, from the causes a		TE SIGNED
		That	wo Die	Well M.D.	2270	Harreso	July Jule	1 July 12
2. TI	AA. BURIAL, CRI	EMA. 24B. DATE			ERY OR CREMATORY	24b. LOCATION (C	ity, town, of county	(State)
	Burial	hora 1.		ORRAIN		BALTO.	ADDRES	6
	ATE RECEIVED		'S SIGNATURI	el franc	25. FUNERAL DIR			A
	JUL 1379	517 Company	- MAG	45.6. M. J.	below	rich Wir	maco	4)
	VS 150	- 4		1,1300	5118 Mw	(8a	te live	11



## BALTIMORE CITY HEALTH DEPARTMENT

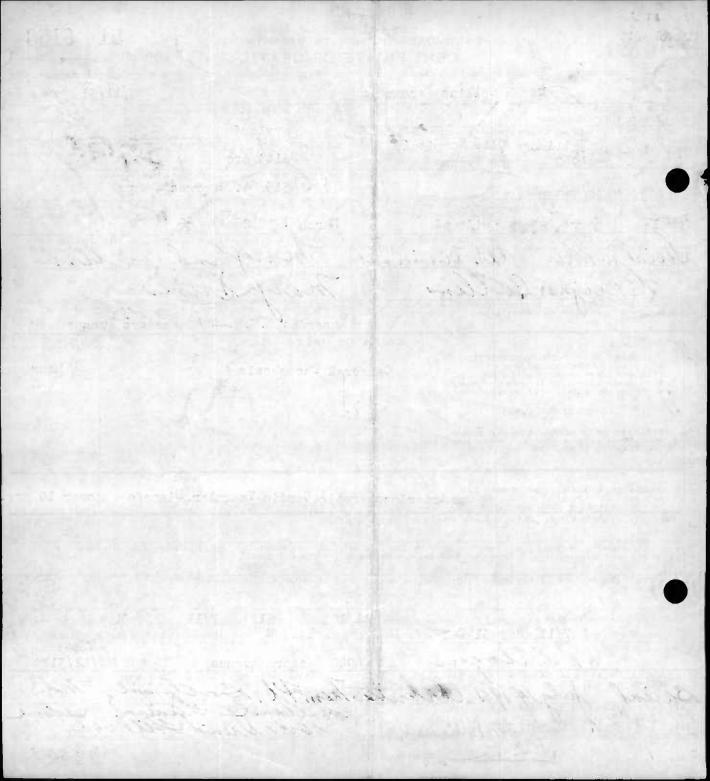
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) AMES DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If histitution, residence A Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR / location) C. CITY OR TOWN (If outside corpora e limits, write URAL and give INSTITUTION township) BAITIMORE Illary PAKE GENERA Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year . AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work duoe during most of working life, even if retired) WHAT COUNTRY Store 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or uokoowo) SECURITY NO. -26-6682 No INTERVAL BETWEEN 18. 8 CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastasis of Jeminoma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Seminoment Left Testicle RTIFICATION DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 11AU 30 Metast 45125 DEMINUMA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from July 6 \_\_\_\_\_, 1917, to July 12 \_\_\_\_, 1917, that I last saw the deceased alive on July 11 . 19 51, and that death occurred at 6.40 A m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24G. NAME OF CEMETERY OR CREMATORY LOCATION 248. DATE (City, town, or county) 24D. TTON, REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIR からをはないない。 一個ので VS 150 Jak Bane



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

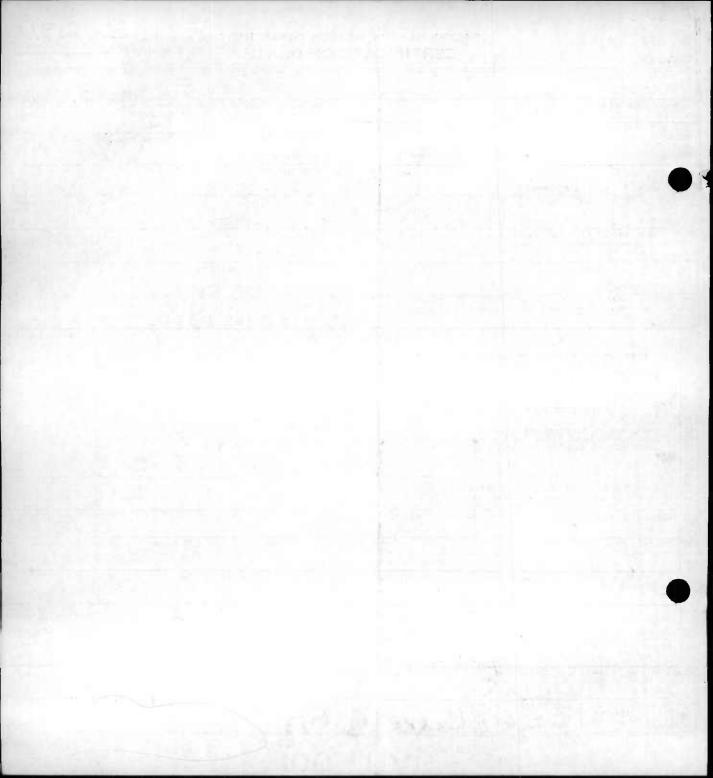
	OT	0	LUT
egistered	No		

1.	NAME OF D		h Collins Ferna	ndis		2. DATE OF DEATH	7/11/51
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W		
	FULL NAME	OF (If not in hospit	al or institution, give street	address or	Maryland		
H	OSPITAL OR		City Hospitals			outside corporate.	imits, write RDRAL and give
	3		ern Avenue		Baltimore	2	township)
C.		tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (If 4515 St. Ge	rural, give location Borges Aver	nue
5	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	D 40 14 1	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
	emale	negro	widowed widowed		March ? 1862		Months Days Hours Min.
wor	k dene during most	CUPATION (Give kind of working life even if retired)	108. KIND OF BUSINES	S OR	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
4	FATHER'S	worker	Not. Munice	pal	manyla	end	uneste
14	Ka	lip (	Vallins		MANY MAIDEN AV	rever	
15	. WAS DECEASE	D EVER N U. S. ARME	FORCES?   16. SOCIAL		17. INFORMAN		ADDRESS
(Ye	e, no or unknown)	(11 Mos, give war or date	e of service) SECURI	TY NO.	77	4940 Easter	
_	18. 2.3	/				4740 -as (6)	INTERVAL BETWEEN
	1	1		AUSE	OF DEATH		DISET AND DEATH
		E OR CONDITION	ТН	A	7 Managharda		1 hour
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						2 11041
	injury or	complication which	caused death.) DUE TO				
		ANTECEDENT CAUS	SES				
Z							
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	UNDERLYING CONDITION LAST.						
0			(6)			**************************	
ERTIFICATION		11					
2	TRIBUTING	IGNIFICANT CONDI	NOT RELATED ATTATIO	scler	otic Cardio Vascu	lar Diseas	e over 10 yrs
Ü	TO THE D	ISEASE OR CONDITION	CAUSING IT.				
AL	19A. DATE O	F OPERATION 1	9B. MAJOR FINDINGS (	OF OPER	ATION		20. AUTOPSY?
EDICA		ENT WAS UNDER-	218. PLACE OF INJUR about home, farm, factory, street,	RY (e. g., in office bldg., e	or 21c. WHERE DID (I	f in Baltimore Cit	ty, give exact location)
Σ		Month) (Day) (Year)	(Hour) 21E, INJURY	OCCUPPE	ED 21F. HOW DID INJURY	0000000	
	YRULNI	month) (Day) (Tear)		NOT WHILE [	ZIF. HOW DID INJURY	OCCURI	
			m. WORK	AT WORK			
	22. I hereb	y certify that I att	ended the deceased fro	m 1	/10 , 151 , to '	7/11 19	51, that I last saw the
		ive on 7/11	1951 and that dea	th occur	red at 1:15PM., from th	he causes and o	n the date stated above
	23A. SIGNAT		J		3B. ADDRESS	to taubes and o	23c. DATE SIGNED
		45.6	logen	M. D. 40	940 Eastern Avenue	n,	7/12/51
	4A. BURIAL.	REMA- 248. DATE	24C NAME OF			OCATION (City, to	
TI	N REMOVAL (S	hely hely 14	1001 1	· Color	funda 3	altimor	e md.
	ATE RECEIVE		S SIGNATURE	CANON I	25 FINERY DIRECTION	The state of the s	* JADDRESS .
	CAL REGIST		Am Klis	4.	The contract	Junes	ADDRESS COME
J	UL 1313	D. Bunder	Am / Inliance M.		163/ Nru	id Still	1 cre
	VS 150	F 12 12 12 12 12 12 12 12 12 12 12 12 12	The state of the s	2"			ans
			" CHARLES AND	**			13)

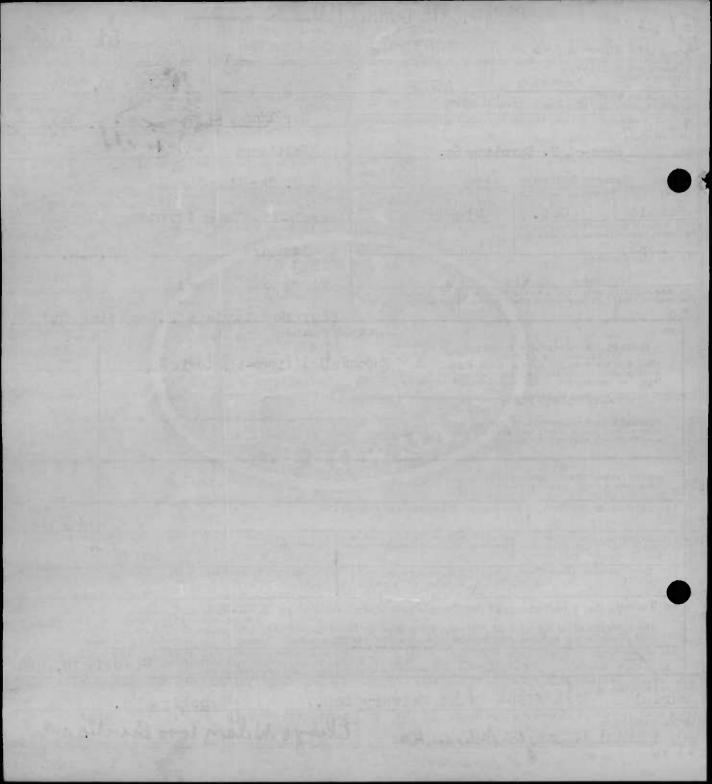


51 01511

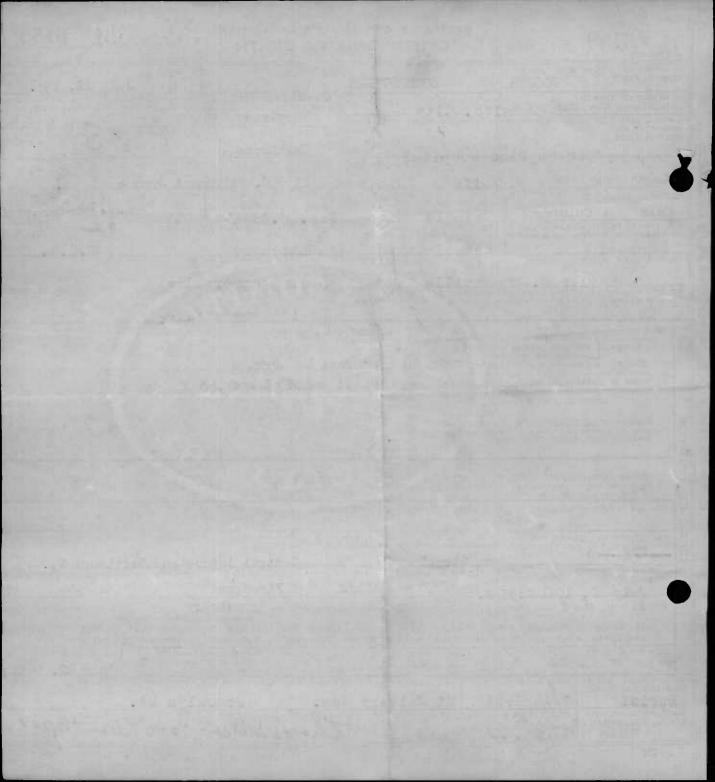
	F 919	1			EALTH DEPARTMEN		OT OTOL
В	IRTH NO.		CER	TIFICAT	E OF DEATH	Registere	l No.
	NAME OF D Type or Print)		Lucretia	Armsteo	d	2. DATE OF DEATH TI	Ty 12 1051
	. PLACE OF D	EATH: City, Maryland	The state of the s	81 115 000	4. USUAL RESIDENCE	(Where deceased lived	
В.	FULL NAME		al or institution, give	street address or			
	STITUTION	1015 W.	Lanvale St		Baltimore		mits, write BURAL and giv township
	Danath of a	tay in Baltimore		Yrs. Mos.	1015 W. Lai		+
5	. SEX	6. COLOR OR RACE	7. SINGLE, MARK		8. DATE OF BIRTH		H Under 1 Yeer H Under 24 Hour Months: Days Hours Min
Fo	male	Colored	Widow	ORCED (Specify)	Mar. 15. 186	P	Months Days Hours Min
10 wor	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		ISINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
E	lousewij	re	Home		Virginia		USA
13	3. FATHER'S				14. MOTHER'S MAIDEN		
1 5		Inny Grooms	- Fonorea I i i a		Elizabeth	Brent	
(Ye	e, no or naknown)	(If yes, give war or date		CURITY NO.	17. INFORMANT		ADDRESS
	No.				Lillian Kyler	: 1015 W. L	anvale Stree
ERTIFICATION	DISEASE RISE TO 1 UN DERL' OTHER S TRIBUTING	ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDI	aused death.) DU SES FANY, GIVING STATING THE ST. TIONS CON- NOT RELATED	(B)	Smith mm (	hoffin to	7
O		F OPERATION 7 1	9B. MAJOR FINDI	NGS OF OPER	RATION		20. AUTOPSY?
AL							YES NO
MEDICAL	HOMICIDE	ENT. SUICIDE. (Specify)	218. PLACE OF about bome, farm, factor			(If in Baltimore City	r, give exact location)
M	2 1D. TIME F INJURY	(Month) (Day) (Year)	(Hour) 21E. IN. WHILE AT WORK	JURY OCCURR  NOT WHILE AT WORK		JRY OCCUR?	
		y certify that I att			- 15, 190/, to		5%, that I last saw th
	deceased a	TUBE	19 5 and the		rred at m., from	n the causes and on	23c. DATE SIGNED
2:	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	24c. NA		TY OR CREMATORY 240	LOCATION (City, to	vn, or county) (State)
E	Burial	7/1/1/1	951 M	Auburn	Be	ltimore   W	21 8
CFD	ATE RECEIVE		SIGNATURE	Man	Hofland Fune	ral Home	ADDRESS
-					1031 110 1	777 2/6	



Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH July 10, 1951 GERTRIIDE DAVIS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside comorate limits rite RURAL and give INSTITUTION Joins Hop ins Hospital township) Home- 4-N - Caroline St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days Caroline Street 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under | 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. If Under 24 Hours Female Col. Single 108. KIND OF BUSINESS OR 4 months March-I7-5I 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Reltimore Hone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Davis Florence Lavis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of sorvice) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Florence Davis INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Endocardial fibro-elastosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED July 10, 1951 MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Burial 1951 Calvery Cem. DATE RECEIVED BY 25 TUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151 CONTRACTOR MANAGEMENT



BALTIMORE CITY HEALTH DEPARTMENT Registered RJ-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOSEPH SUMMERVILLE July 12, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Baltimore Honkine D. STREET ADDRESS Yrs. (If rural, give location) Mos. Length of stay in Baltimore Days 1535 E. Fairmount Avenue 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH Male Colored Single 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY School Rs I timore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles S. Summerville
15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. Rosie Summerville 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. sosie Jummervi INTERVAL BETWEEN 81X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Internal hemorrhage heart failure, asthenia, etc. It means the disease, DUE TO bullet wound of back, homicide injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-Central Avenue and Baltimore St. 21F. HOW DID INJURY OCCUR? Street 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE Firearms 22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) Calvery Cem. Brooklyn ADDRES DATE RECEIVED BY 25 VUNERAL DIRECTOR LOCAL REGISTRAR 151



The		EALTH DEPARTMENT  E OF DEATH  Registered No.	6160
9	I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
pine	(a) Baltimore City, Maryland	and and	
ďns	(b) Street address 2726 9+Paulst	(a) State Md (b) County	4
<i>2</i> 2	(c) Hospital or institution:	(c) City or town Batturon m	2
N.		(If outside city or town limits, write RURA)	and give town)
gib	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 2726 STP aud (If rural give location)	
le	0 1/0	(e) Citizen of foreign country?	Yes or No)
and	Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
clearly	3 (a) FULL NAME TOPANK ALBERT	Greenwood.	4 2 117
<b>-</b>	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
death	20 No.	20. DATE OF DEATH July 13 19	, atM
	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Such	21. I certify that death occurred on the date above state	d; that lattend-
of	male botate divorced. Single	ed deceased from Jule 19 46 to Vie	413.1951.
causes	6 (b) Name of husband or wife	and that I last saw h. I Malive on July 7. 19	17.
can	6 (c) If alive, give age years	Immediate cause of death	Duration
the	7. Birth date of deceased (mo., day, yr.) SEPI. 5, 1874	Coronary (crouboses	ruesdist
	8. AGE: Years Months Days If less than one day	4.	2
write	76 -   -  hrmin.	Due to Chr. arterio sclerozis	malfred
	9. Birthplace KENT COUNTY M.D.		***************************************
please	10. Usual Occupation PRINTER	Due to	0
rt .	10. Usual Occupation N. N. F. R. 11. Industry or business KENI PUBLISH, W4 CO.	Other Conditions Chr myocardely	Tabel.
Physicians:		Other Conditions	
ici	E 12. Name TRANK H. JREEN WOOD	(Include pregnancy within 3 months of death)	PHYSICIAN
hy	13. Birthplace M.C.	Date of operation	Underline the
T L	14. Maiden Name BERSHE MEZINNIS	Major findings of operation:	cause to which death should be
important.	15. Birthplace Md	of autopay:	charged statis- tically.
por	16 (a) Informant SAMUEL TREEN WOOD.	22. If death was due to external causes, fill in the fol	lowing:
imi	(b) Address 2726 ST. Part Ballamore Md	(a) Accident, suicide, or homicide	
lly	17 (a) BURIAL (b) Date thereof Ducky 16 1951	(b) Date of occurrence at	М
especial	(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Count	(State)
spe	(c) Cemetery or crematory. CHESTER CEIM	(d) Did injury occur about home, on farm, industrial p	
s e	Location MENT CO Md	place? While at work	?
1100	18 (a) Funeral director of Willis Wills	(Specify type of place)	
age	(B), Address of Exhibitations, md.	23. Signature Nathural M. D.	lok
ect	19 (1) The state of the Williams M.	land 73 al G Balto me	M. D.
II.	(Date rec'd by registrar) Registrar	Address Date sign	ed 4 24 135

5 490 AM 0 6 1 5

93)

中國大學學學學學

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

## DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

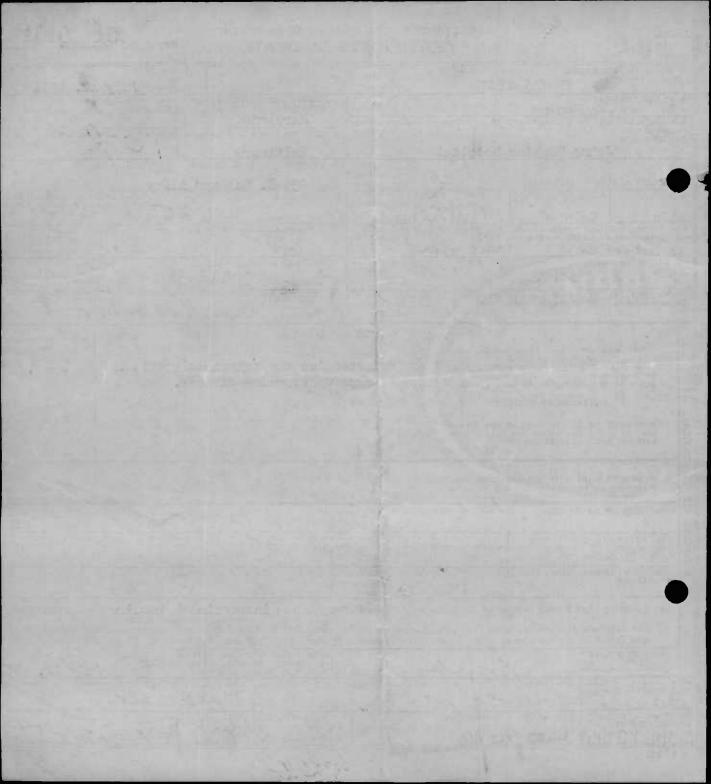
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

15	0
6	161
BIRTH	NO.
I. NAM	E OF E

# BALTIMORE CITY HEALTH DEPARTMENT STATE OF DEATH Registered 14 6161

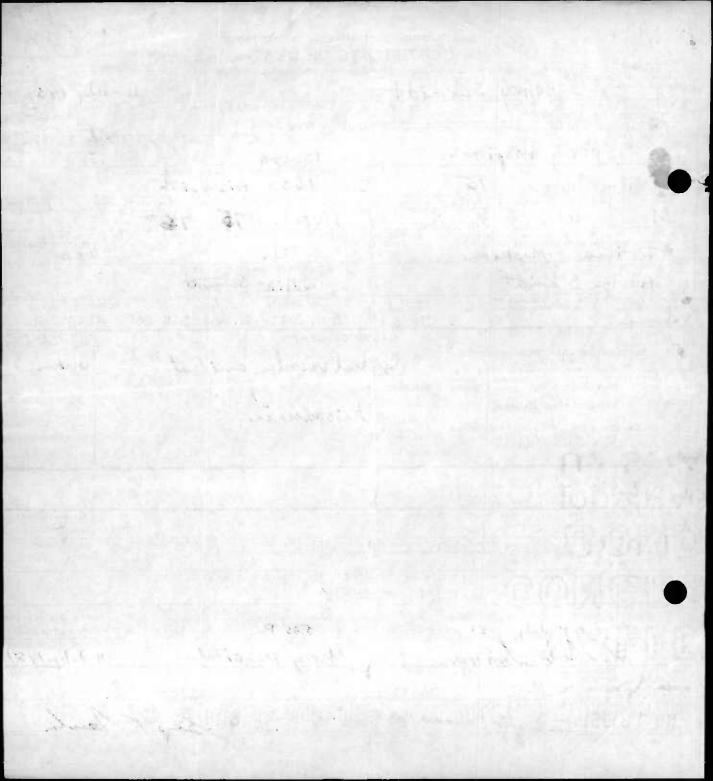
T E	DIRTH NO.	E OF DEATH. Registered No.
	NAME OF DECEASED	2. DATE
	Type or Print) THOMAS GREEN	OF July 11, 1951
	. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence
61-	FULL NAME OF I not in hospital or institution, give street address or	A. STATE B. COUNTY before admission
1	IOSPITAL OR location)	C. CITY OR TOWN (If outside corporat limits, vile I AAL and give
11.	Johns Hopkins Hospital	Baltimore
	Yrs.	D. STREET ADDRESS (If rural, give location)
	ength of stay in Baltimore  Mos. Days	933 E. Hubbard Alley
5	. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If boder   Year   11 Under 24 Hours
1	fale Colored WIDOWED, DIVORCED (Specify)	last hinthday) Months Days Hours Min.
14	OA. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
WO	rk donn during most of working life, even if retired)	WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MARREN NAME
	James Green	7. Harri
1		Maneis Dovery
(Y	es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Robert Green 5/3 N. Dona St
-	NO	Moland Toller 2/3/11 Bond st
	18443 x , CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Hypert	ensive and arteriosclerotic
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	ardiovascular disease.
1	ANTECEDENT CAUSES	
	(B)	
16	RISE TO THE ABOVE CAUSE (A) STATING THE OUT TO	
F	UNDERLYING CONDITION LAST.	
RTIFICATION	(6)	
분	OTHER SIGNIFICANT CONDITIONS CON.	
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
بداا		YES NO X
EDICAL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (a.g., in	or   21C. WHERE DID (If in Baltimore City, give exact location)
	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., c	to.) INJURY OCCUR?
Z	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	
		7 77 9
		bove, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
	the evidence obtained by said Autopsy, Inspection or I	nquiry, find that said deceased died on the day stated above
	23A. SIGNATURE	x, accident □, suicide □, homicide □, undetermined □.
	Marco N N/2 Parl	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER
7	4A. BURIAL. CREMA-1/24B. DATE   24C. NAME OF CEMETE	
I	ON, REMOVAL (Specify)	um Balta. Int
D D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	
	OCAL REGISTRAR	5. FUNERAL DIRECTOR ADDRESS
-	JUL 131951 meta ton Milli	Joeph Q. Torker 7304 N. Cembras
V	S 151	150 08
	As the wife of the second	11034 79)



530

## BALTIMORE CITY HEALTH DEPARTMENT

11	IRTH NO.			CLIVIII ICAI	E OF DEATH	Registered	
	NAME OF D Type or Print)	Henre	y Sch	midt		2. DATE OF DEATH	July 1951
	Baltimore C	EATH: City, Maryland '			4. USUAL RESIDENCE	Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Mercy Hospit	al or institutions of the same	on, give street address or location)		If outside comprate lim	hs write RURAL and give township)
	ength of st	tay in Baltimore	75	Yrs. Mos. Days	ILAN A:	f rural, give location)	
5.	SEX	6.COLOR OR RACE	7. SINGLE WIDOWI	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	ff Under 1 Year If Under 24 Hours In.
1C wor	k done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Ada I	IAME	t		14. MOTHER'S MAIDEN	NAME	054
(Ye	s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ST.
-	18. 2.3	1 1			Mrs. Julia M.S	enmidt 1600	INTERVAL BETWEEN
	(This does heart failur injury or	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	f dying, e.g. ns the disease aused death.	(A) Careles	d vascular acc	ident	UMCOM
7		ANTECEDENT CAUS	ES	ute	is scleroin		
-ICATION	RISE TO TH	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(8)			
ERTIFIC	OTHER SI	HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	STATING THI ST. TIONS CON- NOT RELATED	(C)			
CERTIFIC.	OTHER SI	HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	STATING THI ST. TIONS CON- NOT RELATED CAUSING IT	(C)			20. AUTOPSY?
EDICAL CERTIFIC	OTHER SITE OF THE DITTO THE DI	ING CONDITION LA  III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION  ENT WAS UNDER-	TIONS CON- NOT RELATED CAUSING IT 9B. MAJOR	(C)	RATION  n or   21c, WHERE DID	(If in Baltimore City,	YES NO
CERTIFIC.	OTHER SITE OF THE DISTRIBUTING TO THE DISTRIBUTING TO THE DISTRIBUTING TO THE DISTRIBUTION OF THE DISTRIBU	ING CONDITION LA  III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION  ENT WAS UNDER-	TIONS CON NOT RELATED CAUSING IT 9B. MAJOR  21B. PLAC about home, fa	FINDINGS OF OPER	RATION  a or 21c, WHERE DID clc.) INJURY OCCUR?  ED 21F, HOW DID INJUI		YES NO
EDICAL CERTIFIC	OTHER SITRIBUTING TO THE DI  19A. DATE O  21A. ACCIDIL LYING OR CAUSE OF I  21D. TIME ( F INJURY	III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION R CONTRIBUTING CONTRIBUTING DEATH Month) (Day) (Year)	TIONS CONNOT RELATED CAUSING IT 9B. MAJOR  21B. PLAGabout home, fa	FINDINGS OF OPER  CE OF INJURY (e.g., if rm, factory, street, office bidg., of the control of th	RATION  DOT 21C. WHERE DID INJURY OCCUR?  ED 21F. HOW DID INJURY  , 19_, to_	RY OCCUR?	give exact location)  give that I last saw the
EDICAL CERTIFIC	OTHER SITRIBUTING TO THE DI  19A. DATE O  21A. ACCIDIL LYING OR CAUSE OF I  21D. TIME ( F INJURY	III IGNIFICANT CONDITION LA ING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION III ENT WAS UNDER-R CONTRIBUTING DEATH Month) (Day) (Year) IV certify that I attive on III	TIONS CONNOT RELATED CAUSING IT 9B. MAJOR  21B. PLAGabout home, fa	FINDINGS OF OPER  CE OF INJURY (e. g., if rm, factory, street, office bldg., of the bldg.	PATION  Def 21c. WHERE DID 1NJURY OCCUR?  ED 21f. HOW DID INJURY  , 19 , to rred at <b>3.05</b> Pm., from 23s. Address	, 19_the causes and on t	give exact location) , that I last saw the the date stated above.    23C. DATE SIGNED
MEDICAL CERTIFIC	OTHER SITRIBUTING TO THE DI 19A. DATE O  21A. ACCIDILYING OF ICAUSE OF ICAUS	III IGNIFICANT CONDITION LA III IGNIFICANT CONDITION LA III ITO THE DEATH, BUT SEASE OR CONDITION F OPERATION III ITO THE DEATH III ITO THE CONTRIBUTING DEATH III ITO THE CONTRIBUTING DEATH III ITO THE III III ITO THE III ITO THE III ITO THE III III III III III III III III III I	TIONS CONNOT RELATED CAUSING IT 98. MAJOR  218. PLAGabout home, fa  (Hour) 2  m. w  ended the connot have a connot	FINDINGS OF OPER  CE OF INJURY (e.g., irm, factory, street, office bldg., the injury occurs of the injury occurs o	21c. WHERE DID  1NJURY OCCUR?  ED 21f. HOW DID INJUR  19, to  19, to  18 ADDRESS  MCry Hospi	, 19_the causes and on the causes and on the LOCATION (City, town	, that I last saw the the date stated above.  23C. DATE SIGNED  1) July 1457  1, or county) (State)
MEDICAL CERTIFIC	OTHER SITRIBUTING TO THE DI 19A. DATE OF DI 19A. DATE RECEIVED DI 19A. BURIAL (S. BUR	III IGNIFICANT CONDITION LA  III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION III ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)  Y certify that I att ive on 11  Y certify that I att ive on 11  OBY REGISTRAR:	TIONS CONNOT RELATED CAUSING IT 9B. MAJOR  21B. PLAGabout home, fa  (Hour) 2  m. w  ended the connot have a connot	FINDINGS OF OPER  CE OF INJURY (e.g., irm, factory, street, office bldg., office bldg.	PATION  D. of 21c. WHERE DID INJURY OCCUR?  ED 21f. HOW DID INJURY  , 19 , to rred at 5.05 Pm., from 23b. ADDRESS  MCV. HOSPIR BA	the causes and on the	, that I last saw the the date stated above.  23C. DATE SIGNED  1) July 1457  1, or county) (State)
MEDICAL CERTIFIC	OTHER SITRIBUTING TO THE DI 19A. DATE O  21A. ACCIDILLYING OF INJURY  22. I hereby deceased al 23A. SIGNAT  4A. BURIAL. CON, REMOVAL (S) BURIAL	III IGNIFICANT CONDITION LA  III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION III ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)  Y certify that I att ive on 11  Y certify that I att ive on 11  OBY REGISTRAR:	TIONS CONNOT RELATED CAUSING IT 9B. MAJOR  21B. PLAGabout home, fa  (Hour) 2  m. w  ended the connot have a connot	FINDINGS OF OPER  CE OF INJURY (e.g., if rm, factory, street, office bidg., of the bidge, of the bid	21c. WHERE DID  1NJURY OCCUR?  ED 21f. HOW DID INJUR  19, to  19, to  18 ADDRESS  MCry Hospi	, 19_the causes and on the causes and on the LOCATION (City, town	mive exact location)  —, that I last saw the the date stated above.  23c. DATE SIGNED  1) July 1457  1, or county) (State)



1	60	
- BIE	6163	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6163

BI	BIRTH NO.						
	NAME OF D	WEBER.	HEN	RY		OF DEATH	Leg 13, 1951
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (V	Where deceased wed.	lf (stitution : residence before admission)
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		c 174	
IV	UNI	IN MEMA	RIAL	HOSPITAL	BALTIN		township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
_	Length of s	tay in Baltimore		Days	2303 AIS	quith 5	If Under 1 Year   If Under 24 Hours
	MALE	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	0 C C . 12 ,1885	1	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
-		of working life, even if retired) REMAN	FIRE	FIGHTING	MARYLAN	a.	WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	•
15		PRGE WI	EBEK		MARGARET		ING
(Ye	L no or nnknown)	(If yes, give wer or date	s of service)	SECURITY NO. NONE	17. INFORMANT		ADDRESS
	18.	/ = /			OF DEATH	The state of	INTERVAL BETWEEN
	74	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	a He	enertensine C	andimon	cula years
	heart failt	are, asthenia, etc. It mes complication which	ans the diseas	se,	direcce		
		ANTECEDENT CAU	SES				
NO	DISEASE	S OR CONDITIONS.	F ANY GIVIN	(B)			
F	RISE TO T	THE ABOVE CAUSE (A)	STATING TI				
RTIFICA				(C)			
RTI	OTHER S	II SIGNIFICANT COND	ITIONS CO				
CE		G TO THE DEATH, BUT					
A.	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		ENT. SUICIDE.		ACE OF INJURY (e. g., i		If in Baltimore City	, give exact location)
MEL	HOMICIDE	(Specify)	about nome,	farm, factory, street, office bidg.,	etc.) INJURY OCCUR?		ENST. BY LEA
7	2 1D. TIME F INJURY	(Month) (Day) (Year	23 173 0.74	21E. INJURY OCCURR		Y OCCUR?	
h	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from July 1951, to July 3, 195) that I last saw the						
	deceased alive on 22, 1951, and that death occurred at 190 km., from the causes and on the date stated above.  23A. SYSNATURE (23B. ADDRESS (MAR) (23B. ADDRESS (MAR)) 23C. DATE SIGNED						
	Alfield S. Nelson M.O. Baltimore 18 Maryland July 13, 1951						
24 TI	24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) (State)						
_	Buria	D D	e elchia-i	Oaklawn	25. FUNERAL DIRECTOR	altimore,	Md.
L	JUL 131	951 Thurs		VA. 5 1 0	Sandele & Son	INC. No	rte + Brondway
-	VS 150	221	THE PARTY	Mu and the	Durings 1 200	, 9, 4, 740	The state of the s
1	V3 130	7 to 1	**	ALLEN GOVES 17	293		93)

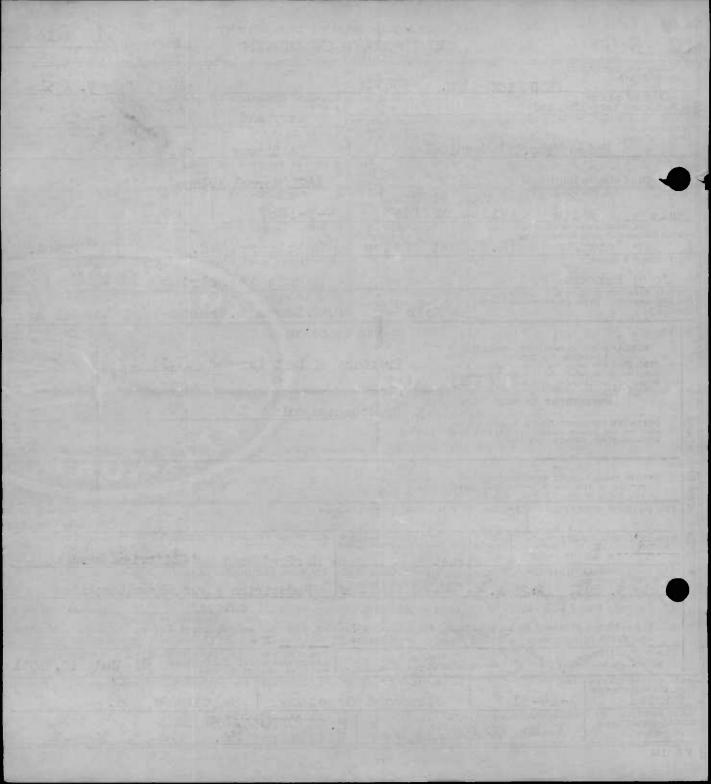
Ref 21 Aug Control of the State 

1	,	50	9	C		
	BI	RTH	NC	61	164	
ĮĮ:	1.	NAM	E	OF	DECE	AS

### CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

6164

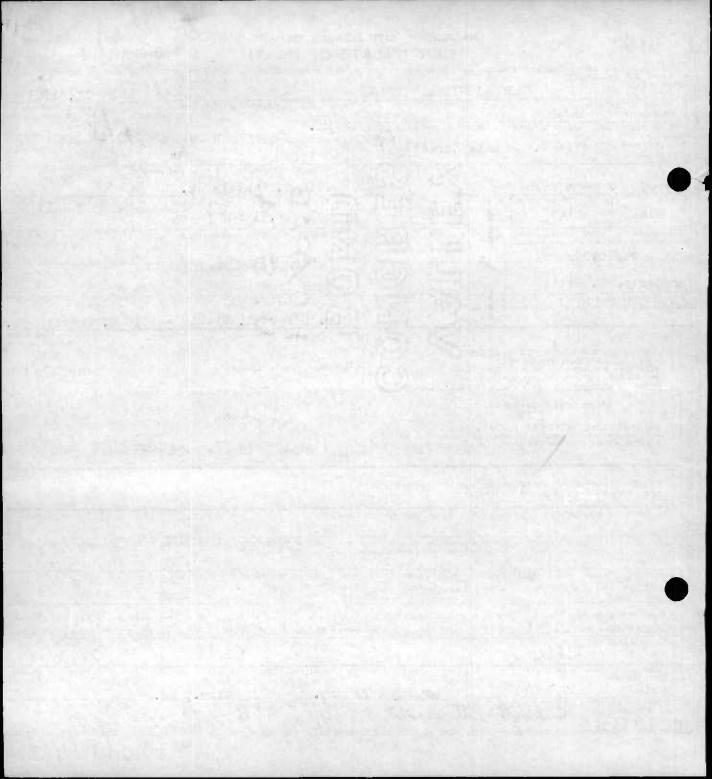
B	IRTH NO.						
1.	NAME OF DECEA	sed FREDER	TCK V	Vm. SCHOMM		2. DATE OF DEATH JU	lv 9. 1951
Α.	PLACE OF DEATH Baltimore City,	: Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, If B. COUNTY	institution residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	r not in nospi	at or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corpor to limit	ite RURAL and give
	Uni	on Memori	al Hos		Baltimore	0	township)
7	gth of stay in	n Raltimora	T.:	ife Yrs. Mos. Days	D. STREET ADDRESS		1621
5.	The state of the s	DLOR OR RACE	7. SINGL	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Wilder 1 Year   If Under 24 Hours
		hite	Widow	of Ida	4-9-1887	64	onths Days Hours Min.
WOL	A. USUAL OCCUPA k done during most of working	ng life, even if retired)		D OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
	etter Carr	ler	10.5.1	Post Office	Baltimore,		U.S.A.
	John Scho	mm			Maggie Kes		
15 (Ye	. WAS DECEASED EVE	R IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	No			None	Mrs.Leona M.	Schomm-1621	Normal Ave.
	18. E817				OF DEATH		ONSET AND DEATH
	DISEASE OF LEAD	CONDITION DING TO DEA	TH		re of left leg	and nalvis	
	heart failure, ast	henia, etc. It mes	ans the disea	se.			
H	ANTE	CEDENT CAUS	SES				
z	DISEASES OR	CONDITIONS. I	F ANY. GIVI	(B) Broncho	opneumonia	***************************************	
위	UNDERLYING	OVE CAUSE (A)	STATING T	HE DUE TO			
S				(C)			
CERTIFICATION	OTHER SIGNIF						
ER	TRIBUTING TO T	OR CONDITION	CAUSING	Іт			
	19A. DATE OF OPE	ERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. EXTERNAL C			ACE OF INJURY (e. g., In farm, factory, street, office bldg., e		(If in Baltimore City, g	
	UNDERLYING X	OF DEATH.	St	reet	Harford Roa	d and Cliftview	v Avenue
Σ	21D. TIME (Month			21E. INJURY OCCURRE			
L	July 3, 19		A. m.	WORK LATWORK L		struck by aut	
				remains described a	Autops	topsy y, Inspection or Inquiry	_ thereon and from
	and death in	i my opinion	resulted	from: natural causes	nquiry, find that said , accident , suici	de 🔲, homicidc 🔲, u	ndctermined [].
	23A. SIGNATURE	ley X. A	Dun	Sacher-	23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	July 10, 1951
TIO	A. BURIAL, CREMA- N. REMOVAL (Specify)	2AB. DATE		24c. NAME OF CEMETER		LOCATION (City, town,	or county) (State)
	Burial	7-14-5		Parkwood (		altimore, Mo	
LC	TE RECEIVED BY	REGISTRAR	SIGNATU	JRE 1	H. SANDER & S		ADDRESS
V	S 151		111111111111111111111111111111111111111	M. BULL M.	Baltimore, M	a. sey/	/ Marshen f
	N -	808.	× 56. 5.2	5	3590	/ 1	700
				100 3000	1-1	THE RESERVE OF THE PARTY OF THE	A STATE OF THE PARTY OF THE PAR



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

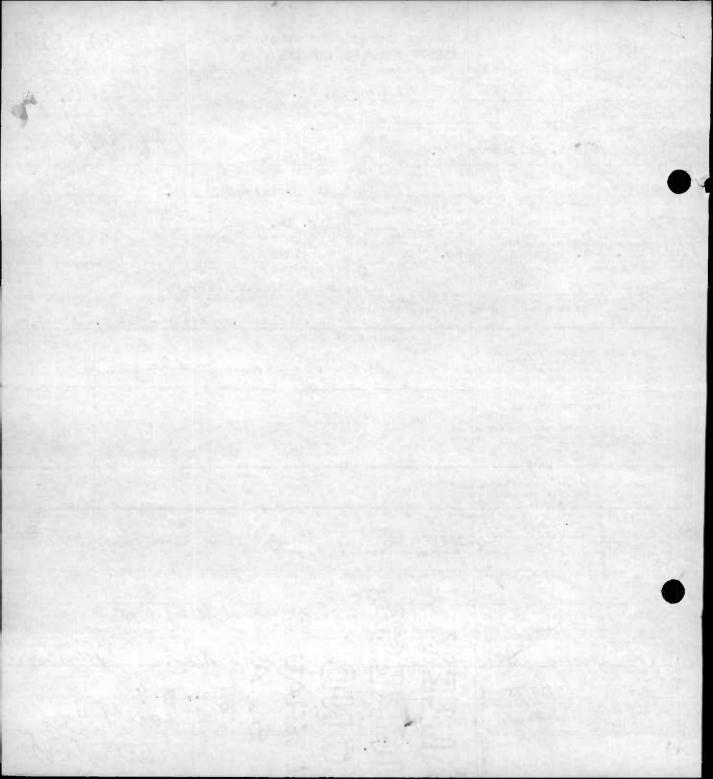
51 6165

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) MARY VIRGINIA WITTIG July 12, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1716 E. Lanvale Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 1716 E. Lanvale St. Days 5. SEX 6. COLOR DR RACE 9. AGE (In years AGE (In years | ff Under | Year | | ff Under 24 Hours | Months; Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) female white July 28. 1880 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR never employed Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick W. Wittig Anna Engel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unkmwn) | (If yee, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. Edward A. Wittig - 1716 E. Lanvale St. NTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING Muthersur Canala. Vay unla RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID 21A. ACCIDENT WAS UNDERō about hume, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT m. WORK AT WORK 12 . 19 1. that I last saw the 22. I hereby certify that I attended the deceased from. 1971. to\_ deceased alive on 7/12 \_m., from the causes and on the date stated above. \_\_ 19 T l and that death occurred at\_ 23A. SIGNATURE 23B. ADDRESS 23C./DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 7/16/51 Loudon Park Com of Balto. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



### BALTIMORE CITY HEALTH DEPARTMENT

L S	1 61	66	BAI	CERTIFICATI	EALTH DEPARTMENT	Registered No.	1 6166
1.	NAME OF D		HOMAS D	OUGHERTY RUSSE	LL. SR.	2. DATE OF	. 13 2052
	PLACE OF D Baltimore				4. USUAL RESIDENCE (W		v 11 1951 titution residence before admission)
HC	FULL NAME			tion, give street address or location)	Md.	outside torpora e limits, v	Co D BAY and also
IN	STITUTION	814 E. Bel	redere .	Ave.	Baltimore	outside for por age mints.	township)
7				Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Mos. Days	814 E. Belveder		
	SEX	6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Month	
_	nale	White  CUPATION (Give kind of		or Business or	Apr. 14, 1880 11. BIRTHPLACE (State or fo	71	. CITIZEN OF
york	dong during most	of working life, even if retired) Hgwy • Engineer		industry	Maryland	icigii country)	WHAT COUNTRY?
	FATHER'S		2012	0103	14. MOTHER'S MAIDEN NA	AME	
		Edward Russel			Mary Lorretta De	arragh	
15. (Yes	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS AV
	no				Mrs. Helen K. R	ussell - 814 E.	Belvedere
	18. 4	001		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	TH	6.1			
-	heart failt	not mean the mode oure, asthenia, etc. It mea	ns the diseas		errosaleroses	jeuerouzed.	
	injury or	complication which o		.) DUE TO			
7		ANTECEDENT CAUS	ES				
0	DISEASES	S OR CONDITIONS, IN	ANY, GIVIN	(B) NG HE DUE TO		***************************************	
AT	UNDERLY	TING CONDITION LA	ST.	(C)			
Ħ.		11					
ERTIFICATION		II SIGNIFICANT CONDI S TO THE DEATH, BUT					
ö,	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
AL	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e.g., in		f in Baltimore City, give	exact location)
MEL	LYING OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg., e	(w.) INJURY OCCUR?		
	2 1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
E.			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	Car 22, 1950, to S	selly 11, 1951, t.	hat I last saw the
	deceased alive on fill, 1951. and that death occurred at 2.45 1. m., from the causes and on the date stated above.						
	23A. SIGNA	derick )	Joeen		6,00 Clas is	0 0	3c. DATE SIGNED
24	A. BURIAL.			24C. NAME OF CEMETER		OCATION (City, town, or	11/1/4/
110	Buris			New Cathedr	al Cem. Belt	ON MA . **	0
	TE RECEIVE		SIGNATU		25 FUNERAL DIRECTOR	1. P. O.	DDRESS
_11	11 1 3 19	FAR /hutting	en / You	radis, Hills	2/m. 1.0	rowner 7	Ams
3	VS 150	The Marie	ANNE REPORT	STANSANCE SE		00 12.01	anns.
				04	3 93	97 Dave	o'm.



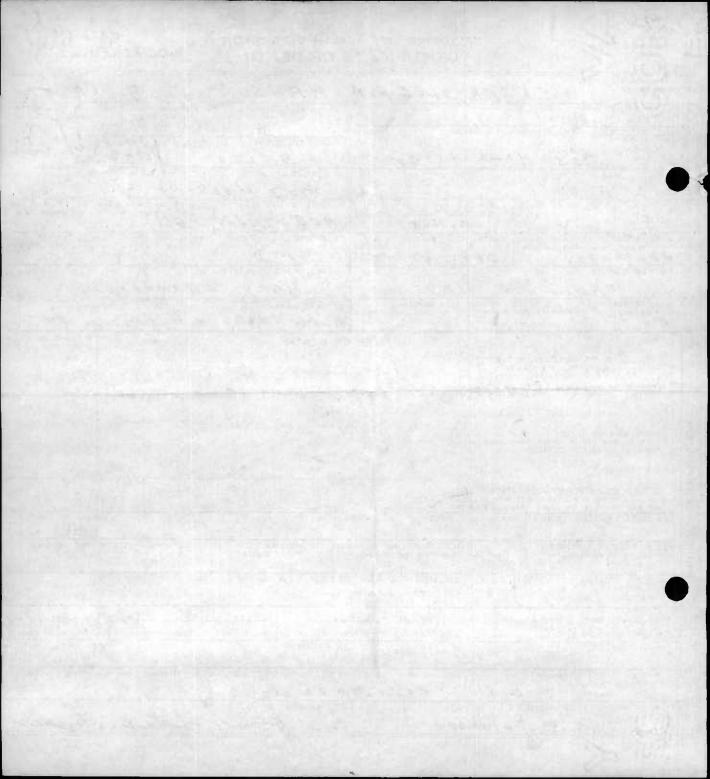
12	00	
1	6167	

BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

.....51 6167

1. NAME OF DECEASED (Type or Print) 2. DATE CLARA VIRGINIA HAYS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence) A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate linits & INSTITUTION BALTO. p. STREET ADDRESS (If rural, give beatin) Yrs. Mos. 1703 HOLLINS c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. 66 SINGLE 10A. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SALESLADY DEPT. STORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHANNON JAMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or onknown) SECURITY NO. AGNESV. BODFISH. 1703/1.11.NS ST NO CAUSE OF DEATH 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT WORK 7/10 195/, that I last saw the 22. I hereby certify that I attended the deceased from May 1950 to\_ deceased alive on 7/10, 19 5/, and that death occurred at 735 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIML, CREMA- 24B. DATE 24p. LOCATION (City, town, or county), TION, REMOVAL (Specify) MD 7-14-51 CATHEBR AL CEM. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Farley Jultag ago ta en est a with a figurate

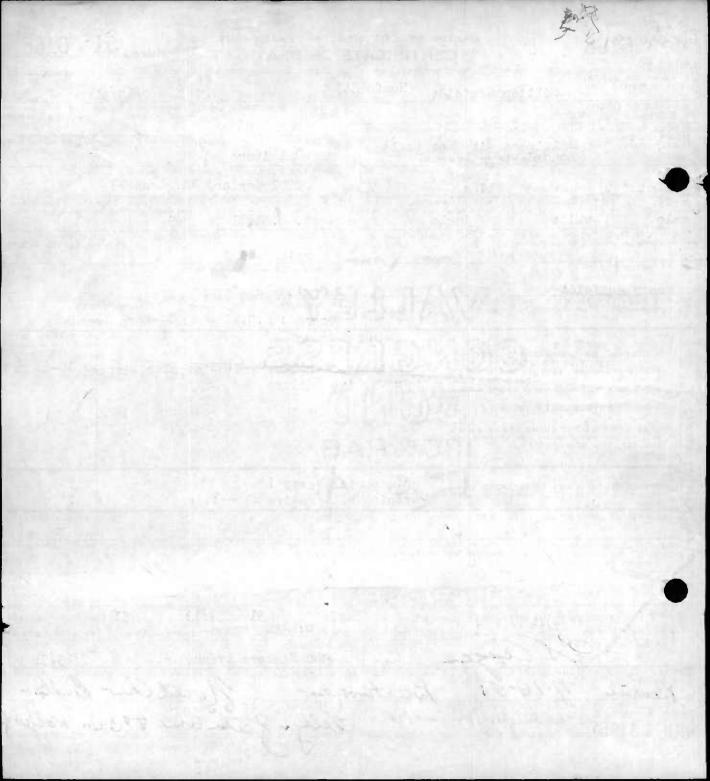


BLM-1	50189	68
UL	OI	DG.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

oistered \51 6168

В	IRTH NO.			CERTIF	ICATI	E OF DEATH	Registered N	0
	NAME OF D		m Honfe	eldt (Ho	mfeld	t)	2. DATE OF DEATH 7/13/	51
Α.		EATH: City, Maryland				4. USUAL RESIDENCE (VA. STATE		institution; residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		e City	Hospital	location)	Baltimore	4-1	write PURAL and give township)
	ength of s	tay in Baltimore	life		Yrs. Mos. Days	D. STREET ADDRESS (If 2302 Harfor	rural, give location) d Rd. Zone 18	
	sex ale	6.COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCEI		Sept. 6, 1881	9. AGE (In years   More   100   More   100	Under   Year   If Under 24 Hours nths Days Hours Min.
10 worl	A. USUAL OC doneduring most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Henry H					14. MOTHER'S MAIDEN NA		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURIT	TY NO.	Regina Schafer 17. INFORMANT Records: B.C.H.	AE	DDRESS Avenue
ERTIFICATION	DISEASES	re, asthenia, etc. It men complication which c ANTECEDENT CAUS OR CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA	aused death.  ES  FANY, GIVING THE	(B) G DUE TO		ac Failure		
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	o Chmar	ephri	c Abcess ? literative Pleuri	ltis	?
CAL		7	9B. MAJOR	FINDINGS O	OF OPER			YES NO
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, fa	CE OF INJUR arm, factory, street,	Y (e. g., in office bldg., e	21c. WHERE DID (I to.) INJURY OCCUR?	f in Baltimore City, g	ive exact location)
2	210. TIME (	Month) (Day) (Year)		HILE AT WORK	OCCURRENOT WHILE	21F. HOW DID INJURY	OCCUR?	
	22. I hereby deccased al 23A. SIGNAT		ended the c	and that dear	th occur	7/9 ,1951, to red at 4:45AMm., from the 3B. ADDRESS 4940 Eastern Ave	he causes and on th	that I last saw the edate stated above.  23c. DATE SIGNED  7/13/51
TIC	A. BURIAL CON BEMOVAL (S	2 7-16.	-51	AC. NAME OF			OCATION (City, town,	
LO	0 -	RAR / Limiter	SIGNATUI	RE CLAND , My	-	July - John	- Oh 403	S. Wolfed
	VS 150	113 A. Challe	of the state of the said	Ban a main				A - 11

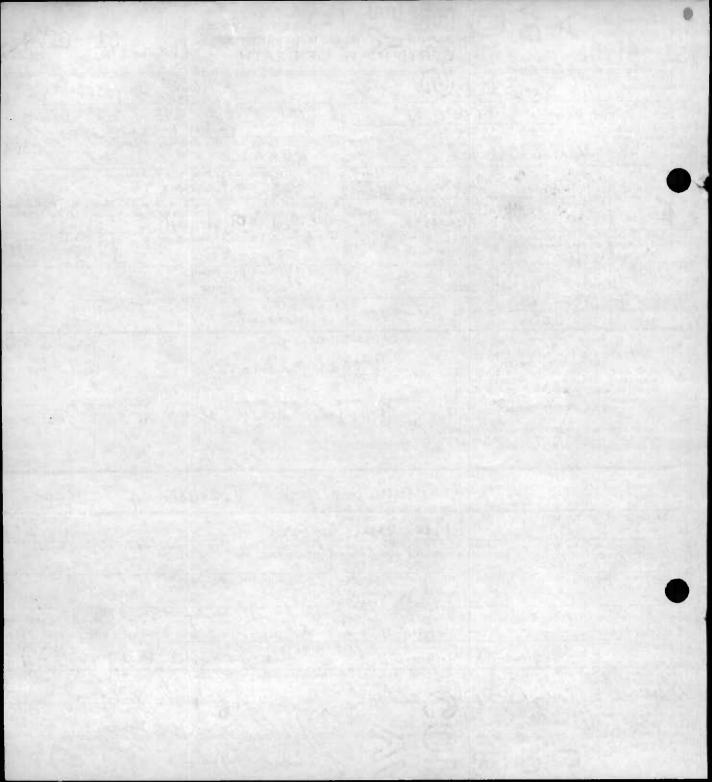


	200	di-tr					-4 0400
-	010	REA- 148292	BALTIM	ORE CITY HE	EALTH DEPARTMENT		51 6169
BI	RTH NO.	) <del>3</del>	CE	RTIFICAT	E OF DEATH	Registered N	0
1. (T	NAME OF D ype or Print)	eceased Catherine	Agnes Ha	ywood	Tall Experience	2. DATE OF DEATH 7-1	2-51
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (		
В.	FULL NAME	OF (If not in hospit	al or institution, a	give street address or location)		,	2 4
IN	STITUTION	Baltimore Cit 4940 Eastern	y nospita	1s rection,	Baltimore (1	f outside opporate limits	wife RURAL and give township)
7		4740 =astern		Yrs.	D. STREET ADDRESS (1		
C.		tay in Baltimore	2 M	Days	2027 Ramblew	ood Rd.	
	Female	Negro	Single	ARRIED, DIVORCED (Specify)	April 7, 1918		Under 1 Year If Under 24 Hours this Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S	stic	PRIVATE	FAMILY	North Carol		
13	. FATHER'S		Haywo od		Alberta Mc		
15 (Yes	. WAS DECEASE	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES? 16	SECURITY NO.	Records: B. C. H	. 4940 Eastern	Avenue
	18.	54.6	11	CAUSE	OF DEATH		INTERVAL BETWEEN
***		E OR CONDITION	TH	Uremis	WINDEN S		4 days
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.g., ns the discase,	(A)	***************************************		1. •
	injury or	complication which c	100	DUE TO DIECT	rolyte inbalance		4 days
z		ANTECEDENT CAUS		(B) Lower	Nephron-nephrosi	S	10 days
S.	RISE TO T	OR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	DUE TO		. J 7	0
ERTIFICATION	_ ONDERE	THE CONDITION EX			lotomy for congeni		2 weeks
TIF	OTHER C	11	7.0	TY STATE			
CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Bilateral	Broncho-Pneumon	ia	10 days
				IDINGS OF OPER	ATION		20. AUTOPSY?
CA			L ain DI ACE	OF INJURY (e.g., i	n or   21c. WHERE DID	(If in Baltimore City, g	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		actory, street, office bldg.,		(II in Baitimore Oity, g.	ive exact location)
7	INJURY	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURR		Y OCCUR?	
			m.   wor	K AT WORK		7=12 51	
	22. I hereb	y certify that I att		eased from that death occur	, 10		, that I last saw the
	23A. SIGNA		, 19 – . ana		3B. ADDRESS	the causes and on th	23c. DATE SIGNED
		9.D. E	eogen	M. D.	4940 Eastern Av		7-13-51
	N REMOVAL (S	CREMA- 248. DATE	L, 24c.	7	RY OR CREMATORY 240.	LOCATION (City town,	or county) (State)
1	TE RECEIVE	D BY   REGISTRAR	S SIGNATURE	REENT	ES FUNERAL DIRECTOR	GH 1011	ADDRESS
L	IL 1319		ton William	us, Mak 5	Charles R.C	Law - 80	2. Madison
	VS 150	e " ejbrere	with the same				Ave -1
				1	208A	157	J The -1

See Document File 51-6169 8/10/51 ES

BALTIMORE CIT HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2 DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION

July 13, 1951 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY ( based thinks ion) (If outside corporate limits, write RURAL and give Morey Haya to township YTS. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore BOX 48 Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. secure Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England nouse wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Glorae Mitherman Chara. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war nr dates in service) 16, SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Decen Lev No wo 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH preumou a (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Post Joesa turnor of brain ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 Craciato my Traclesto my OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 198. MAJOR FUNDINGS OF OPERATION CAL 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) 百 about home, farm, factory, street, nflice bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE 19 and that death occurred at 510, 1957, to 22. I hereby certify that I attended the deceased from. . 194 , that I last saw the deceased alive on. a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Baumaug D 7-13 24A BURIAL, CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR MUNERAT ADDRESS LOCAL REGISTRAR VS 150

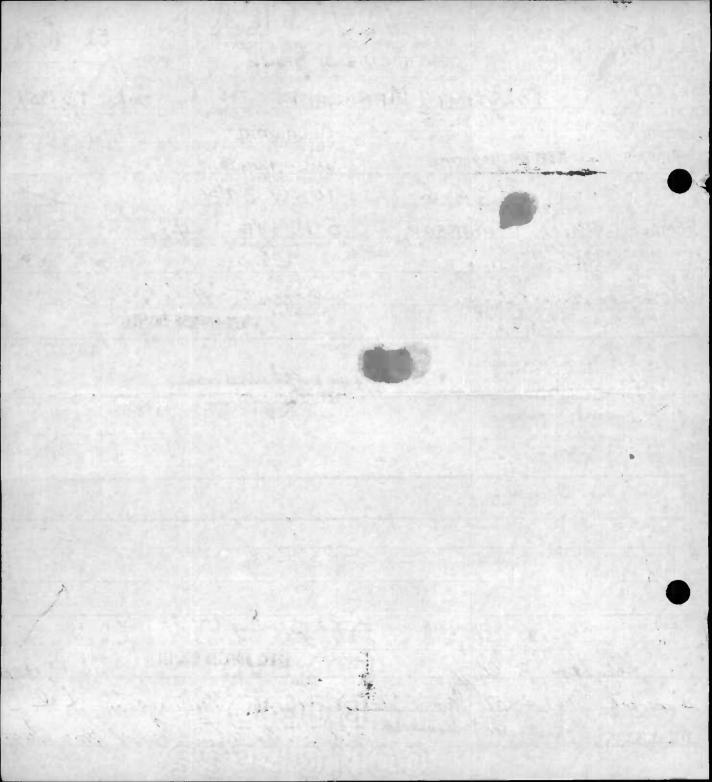


5	42
51	6171

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

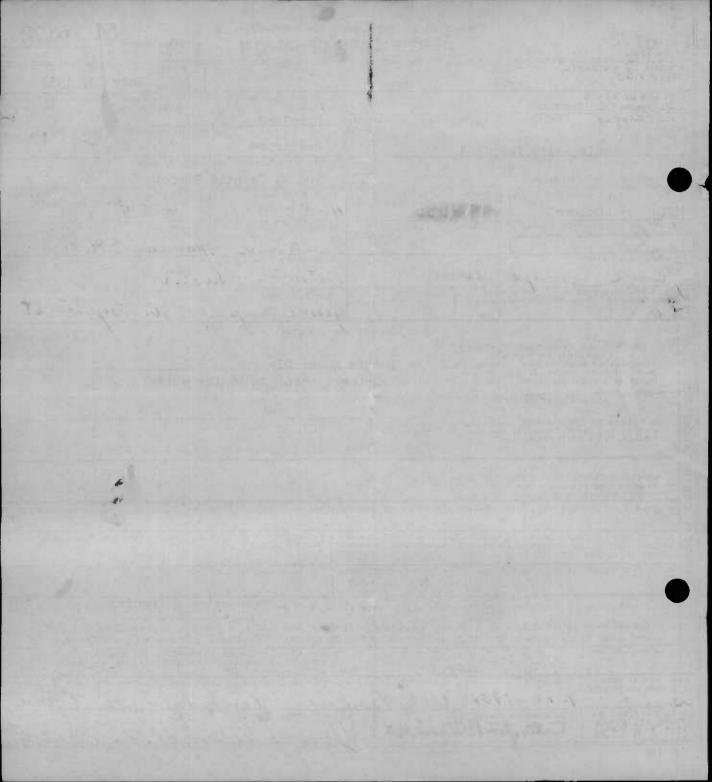
	-51	6171
Registered	No	

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED POLYTIMI MAN	OLAKIS 2. DATE OF DEATH JULY 13,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-5	4. USUAL RESIDENCE (Where deceased lived, If Mitution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	DELAWARE V-07
HOSPITAL OR INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	WILMINGTON
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX 6. COLOR OR RACE SINGLE, MARRIED.	103W 01-
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   ff Under 1 Year   ff Under 24 Hours   last birthday)   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10g. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, eyon if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
lating Winds I. V.	A La A THE OF A
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Manha Musispestion
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
18. 1/=/ CANSE	
40 6 X 1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	us erythem alopus
Injury or complication which caused death.) DUE TO	disenuinatus
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g.,	nor   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 4	-23- 1951, to 1-13-, 1951, that I last saw the
	rred at 5 74m., from the causes and on the date stated above.
23A. SIGNATURE	3B. ADDRESS TO TOPILIS TOWN 23C. DATE SIGNED
24A. BURMAL, CREMA- 24B. DATE NAME OF CEMETE	RY OR CREMATORY   24b. LOCATION (City, town, a coupty) (State)
TION, REMOVAL (Specify)	11.1x 1.72 - TVIV. + 100
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERA DIRECTOR & ADDRESS
LOCAL REGISTRAR	ENRAPLY TITULE
111 3 145	cay for 11 mum junual some rice
VS 150	153



## CERTIFICATE OF DEATH Registered No. 6172

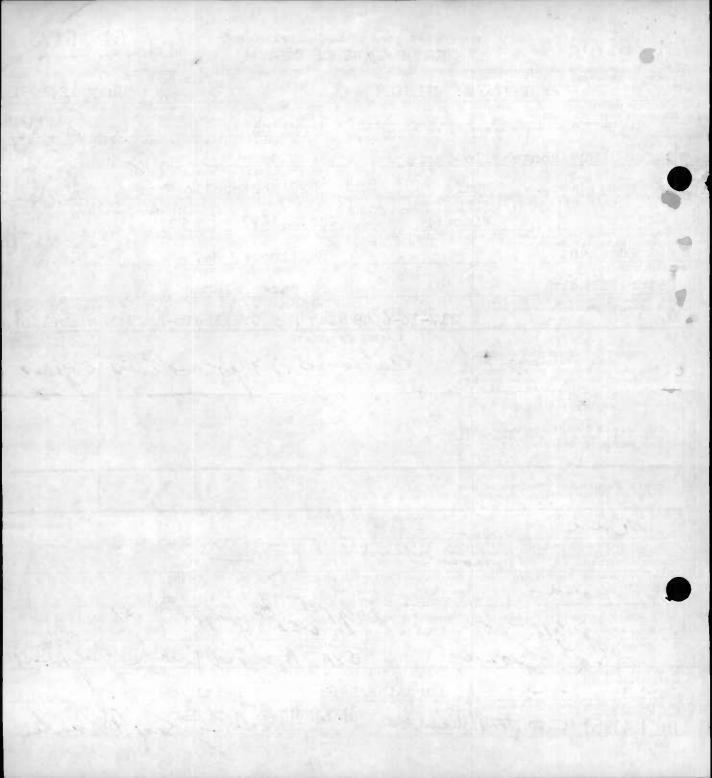
BI	RTH NO.			OE. (111 10) (1	E OF BEATTI			
	NAME OF C	DECEASED				2. DATE		
		MAT.	ES	MAYS		OF July		
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If in B. COUNTY		esidence e admission)
8. HC	FULL NAME	OF ('f not in hospit	al or institut	ion, give street address or			2	
	STITUTION			location)	II.	(If outside corporate Maits,	write RUR	AL and give township)
-0	Y.	<u> University Ho</u>	spital		Baltimore	7-02		oo wilding)
				Yrs. Mos.	o. STREET ADDRESS			
	ength of s	tay in Baltimore	7 CINCL	Days	708 W. Fayet			
			MIDON	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH 4-8-1919	9. AGE (In years   Hone last birthday) Mont	hs Days H	f Under 24 Hours Tours: Min.
	ale	Colored CUPATION (Give kind of		of Business or		32		
work	done during most	of working life, even if retired)	TOB. KITY	INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	2. CITIZEN WHAT	N OF COUNTRY 1
13	FATHER'S	NAME			Waltimne	maryland ?	1.5.	A.
	7		81-		14. MOTHER'S MAIDEN	NAME		1/
1	WAS DOCEASE	mays	SV		Calnume C	hester		
100	, no or unknown)	ED EVER IN U. SARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2115 9V. Far	DRESS	0+
	0				Gerrie mays	2115 90. fac	jelle	se
	18. 07	3 X		CAUSE	OF DEATH			L BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY				ONSE!	NIO DEATH
	(This does	s not mean the mode	of dying, e. s	g., (A)Luetic	Heart Disease			
	injury or	re, asthenia, etc. It mes complication which o	aused death	ie.	red aneurysm of			
		ANTECEDENT CAUS	SES	*				
7	(B)							
0	RISE TO T	S OR CONDITIONS, I	STATING TH	IG IE OUE TO				
4	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************			
ERTIFICATION		П					-	Market States Samuelan
Ē		IGNIFICANT CONDI						
EH.		TO THE OEATH, BUT ISEASE OR CONDITION						
O.	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AU	TOPSY?
AI-	·			,		197	YES	ио Х
	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in arm, factory, street, office hldg., e		(If in Baltimore City, give	exact loca	ation)
-		Month) (Day) (Year)	(Hours) I d	21E. INJURY OCCURRE	TO ALL HOW DID IN			
	OF INJURY		V	WHILE AT NOT WHILE	21F. HOW DID INJU	RY OCCUR?		
	00 7 111		m.	WORK L.J. AT WORK L	Transc	tion P. Transime		
					bove, held an Inspec	Inspection or Inquire		
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{L}\), suicide \(\mathbb{L}\), homicide \(\mathbb{L}\), undetermined \(\mathbb{L}\).							ed above, d □.
	23A. SIGNAT	TURE BA	Fis	Ren M.	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	DATE SIG	NED
	A. BURIAL. C		2	4C. NAME OF CEMETER		LOCATION (City, town, or	county)	(State)
0:	) ' 0	7-16-	1951	Jock Com	leves Kom	Variables of male	0-10	and
DA	TE DECENTER	BY REGISTRAR'S	SIGNATU	RE	25-FUNERAL DIRECTOR	A A	DDRESS	7,120
	AL REGIST	51 tunting	ton Mill	havis Hit	loseph (IN	way 66/91/	Bar	e st
VS	151	4	The same	11 40				1
						1 3	OE	



445							
51 6173 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	6173			
1. NAME OF DECEASED (Type or Print) FREDER	RICK A. WILHELM		2. DATE. OF Jul	Ly 12,1951			
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution : residence			
B. FULL NAME OF (If not in hospit HOSPITAL OR		Maryland		before admission			
INSTITUTION	location)	C. CITT OR TOWN (II	outside corporate limits v	vrite RAL and give township			
2029 Monte	ebello Terrace	Baltimore o. STREET ADDRESS (If	rural, give location)				
ength of stay in Baltimore	Life Mos.	2829 Montebe	ello Terrace				
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWET	8. DATE OF BIRTH	9. AGE (in years   f Und last birthday) Month	er I Year as Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired).	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)   12	CITIZEN OF WHAT COUNTRY			
Meat Merchant		Baltimore, N		U.S.A.			
Peter Wilhelm		14. MOTHER'S MAIDEN N.		P. T. L. H. T. L. L.			
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	Rebecca Feld		DESC MONTE			
(Yes, no or unknown) (If yes, give war or date	217-16-6549	Miss May D.Wil	helm-2829 Mc	RESS Terrac			
Injury or complication which complication which complication which complication which complication which complication complication which complication complication which complication complication which complication which complication complication complication which complication	ES  (B)						
OTHER SIGNIFICANT CONDITION  TRIBUTING TO THE DEATH, BUT  TO THE DISEASE OR CONDITION	NOT RELATEO						
	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e.g., in or labout bome, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?							
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE							
22. I hereby certify that I attended the deceased from July 19th, to July 2, 19th, that I last saw the deceased alive only 12 19th, and that death occurred at m., from the causes and on the date stated above.							
23A. SIGNATURE  24A. BURIAL, CREMA 24B. DATE		5/06 Harfor		SC. DATE STENED			
Burial 7-16-51	Lorraine F	Park Bal	timore. Md.	(State)			
DATE RECEIVED BY LOCAL REGISTRAR'S	S SIGNATURE	H. SANDER & SON Baltimore, Md	S, INC	DDRESS			

290 6A

93)



## CERTIFICATE OF DEATH Registered No. 174

BIRTH NO.	ATE OF BEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Harry Welch	DEATH July 11. 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street addr HOSPITAL OR local	
St. Joseph's Hospital	Baltimore township)
	Yrs. D. STREET ADDRESS (If rural, give location)
on other of others in Daltimonne	Mos.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	Days 3611 Belvedere Avenue  8. DATE OF BIRTH 9. AGE (In years) if Under   Year   If Under 24 Hours
WIDOWED, DIVORCED (S	pecify) last birthday) Months: Days Hours Min.
Male White Divorced  10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS C	June 6, 1890/ 517
work done during most of working life, even if retired)	
Plumer	Baltimore, Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Be hvedige
Harry to Melch &	2. Rosa Prum 361171
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   /If yes, give war or dates of service)   SECURITY 6	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY 1	728 Pring B. Novel 36112 BA. A. C.
FI E	SE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	And Programme
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
194 DATE OF OPERATION   198 MAJOR FINDINGS OF	OPERATION   20, AUTOPSY?
¥ 1	YES X NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY	e. g., in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office	hldg.,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCC	URRED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT	WHILE
m. WORK AT W	ORK L
22. I hereby certify that I attended the deceased from_	7/8/ , 1951, to 7/11/ , 19 51 that I last saw the
deceased alive on 7/11/, 1951, and that death	occurred at 9:00A M. from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
Coword M. Vellate M.	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENTION REMOVAL (Specify)	METERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial July 14/57 Tondon 1	Tark Destruct Mid.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Thomas Record GrowAl History
	The will show I as the will say the
VS 150	-nelad

1917 3 4 25

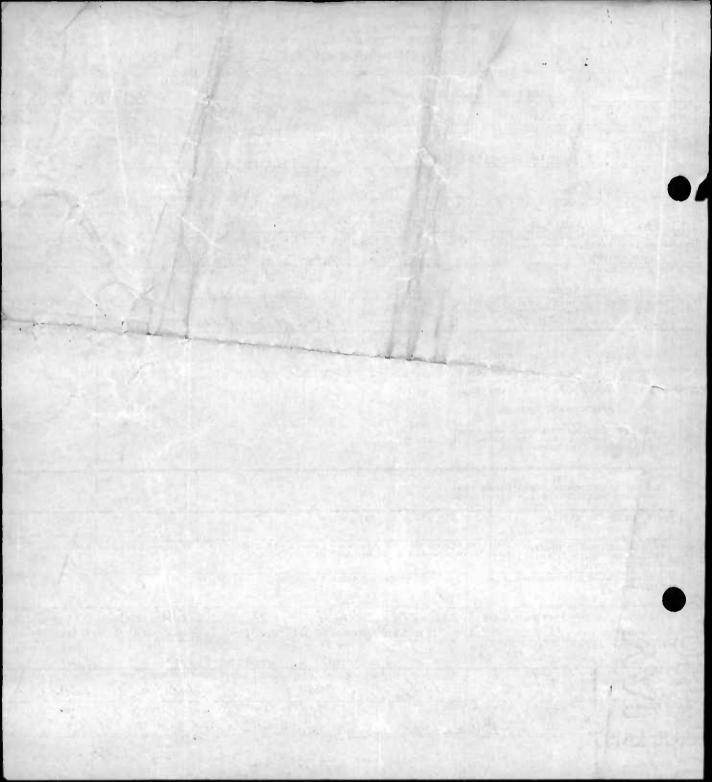
The same of the sa

14	2	2
51	61	75

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

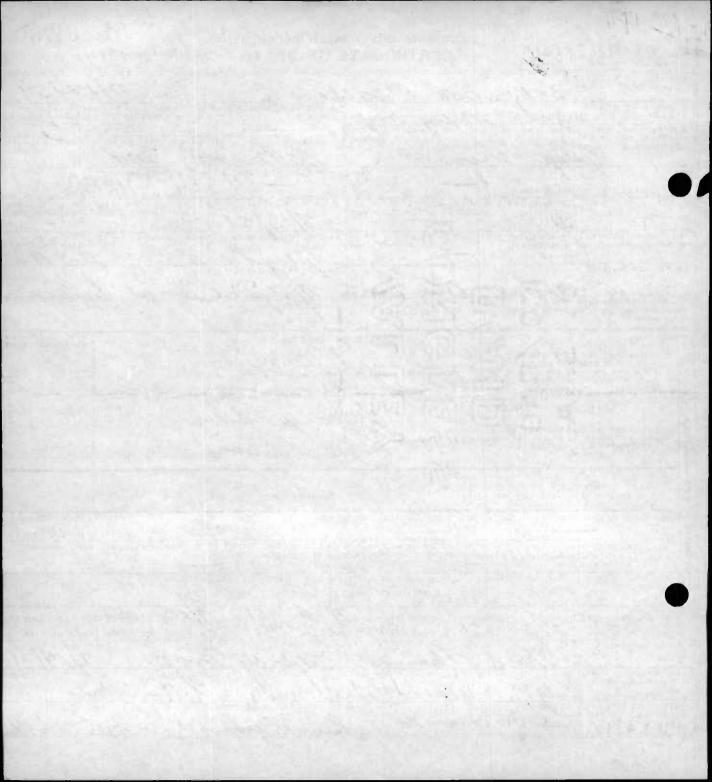
51 6175 Registered No.

В	RTH NO.						
	NAME OF D		Ja Thelles			2. DATE OF	
Amanda Fulkes						DEATH Jul	y 10, 1951
	Baltimore (	City, Maryland			4. USUAL RESIDENCE ()	Where deccased lived, I B. COUNTY	lf institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institutio	on, give street address or location		f outside corporate lim	nits, write RURAL and give
1		. Joseph's H	ospital		Baltimore	10.	township)
				Yrs.	D. STREET ADDRESS (If	rural, give ocation)	
	ength of s	tay in Baltimore		Mos. Days	1427 Webb S	Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	Fe.	Colored	WIDOWE	Married Married		39	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	Housew			INDUSTRY	Farmville, Virg	inia	WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N		
	A not	hur Ross					
15		ED EVER IN U. S. ARMEI	FORCES?	16, SOCIAL	Emma Willis	13	08-n.
	oo or unknown)		of service)	SECURITY NO.	Wiedel Tulk	100 - Was	ADDRESS,
	1B. 3.3	1X		CAUSE	OF DEATH	www.	WINTERVAL BETWEEN
			DIRECTI W	CAUSE	97 DEATH		NSET AND DEATH
		LEADING TO DEA	TH	don	el la la		
	heart failu	re, asthenia, ctc. It mea complication which c	ns the discase.		co-ac mena	racage	
Z							
0	DISEASES	S OR CONDITIONS, II HE ABOVE CAUSE (A)	STATING THE	(B)			
AT	UNDERLY	ING CONDITION LA	ST.	(C)			
5				(C)			
CERTIFICATION		11					
ER	TRIBUTING	IGNIFICANT CONDI	NOT RELATED				
Ü		ISEASE OR CONDITION					
7	ISA. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
S	01. 46615		1 215 DI AC	CE OF INJURY (e.g.,	n or   21c. WHERE DID (	If in Baltimore City,	YES X NO
MEDICAL		R CONTRIBUTING DEATH		rm, factory, street, office bldg.		ii ii baitimore orty,	give exact location)
~	210. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
7	OF INJURY			HILE AT NOT WHILE			
h	22. I hereh	y certify that I att			7/10/ 1951/to	7/10/ 10	5] that I last saw the
				100000000	rred at 6:25 Am N from t	the equippe and on	the data stated above the
	23A. SIGNA		_, 13 u		38. ADDRESS	ne causes and on	23c. DATE SIGNED
	E	lavard n	1. Kel	ok M.D.	1400 N. Caroline	Street.	7/10/51
24	A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE	-/ 12.	4C NAME, OF CEMENTE		OCATION (City, toy	
TX	AL REMOVAL (S	plena) H/1	2/51	Ynt. M	varil 16	day Hul	e rux.
D	ATE RECEIVE	D BY   REGISTRAR	SIGNATUS	RE /	25. FUNERAL DIRECTOR	0-	ADDRESS
L	CAL REGIST	RAR	- MIS -	44 14 39	1 Dieto	tead -	918-
_	1111 1 41	951 hundright	> LIMMA	100 A 100 A	Com There	11.00	114
	150 l	301	1. 4/2 - 1 h	ii-	10. ish ). 1	Lills /1	MICASO
					A VALUE OF	7000	X 30L



51 6176 BALTIMORE CITY HEALTH DEPARTMENT 51-15967 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASEO 2. DATE (Type or Print) OF **OEATH** 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate C. CITY OR TOWN write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADORESS Mos. ength of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (in years 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. -10A. USUAL OCCUPATION (Givekind of) 108. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME Con MALL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERsabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED F INJURY NOT WHILE! WHILE AT WORK 195 to 22. I hereby certify that I attended the deeeased from . 19 that I last saw the deceased alive on. 19 2. and that death occurred at !! Em., from the eauses and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CHEMATORY 24D. LOCATION (City, town, or county) 24B. OATE DATE RECEIVED BY 25. FUNERAL DINCTOR REGISTRAR LOCAL REGISTRAR " The standing of white on the state of

VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6177

Registered No.

B	RIH NO.						,		
1. (T	NAME OF DE		V. VON	HAGEL		1	2. DATE OF DEATH	7/13/51	
A. B.	PLACE OF DE Baltimore C FULL NAME C OSPITAL OR ISTITUTION	ity, Maryland 17	30 Pata	psco Street on, give street address or location)	c. CITY OR TOWN	d. (If our	B. COUNT	Y before admiss	ion
0	ength of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE			n)	
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 2/15/1890		. AGE (In year	) Months Days Hours N	ouis (in.
VOT.	Housewor		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S			12. CITIZEN OF WHAT COUNT	RY
	. FATHER'S N	Bartholom D EVER IN U. S. ARMED	ow Dail	ey 16. SOCIAL	14. MOTHER'S MA		E		
(Ye	No No	(if yes, give war or date	s of service)	SECURITY NO.	Family -	Same		ADDRESS	
ERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IF LE ABOVE CAUSE (A) ING CONDITION LA  II GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	FH f dying, e.g. ns the disease aused death.  ES F ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	(B) Hage	Jenne Ami	C. V	Dis Fibre	ONSET AND DE	2
CAL C	19A. DATE OF	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	TELESCOPIES			20. AUTOPSY YES NO	?
MEDIC	218. ACCUPT WAS ONDER.  218. THACE OF (S. H. III) THE BALLINGT (S. H. III) (IT III) About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
	INJURY		m. w	nd that death occur	128 19/	, to	1/13 ,1	1927, that I last saw on the date stated abo	ve
Z. TI	4A. BURHAL, CON, REMOVAL (SI	REMA- pecify) 7/17/51		4c. NAME OF CEMETE		2000	ATION (City, t	lown, or county) / (Sth	(0)
D	ATE RECEIVED	BY   DECISTRAD			125) FUNERAL DIR	BOTOR	6 0	ADDRESS  130 E. Fort Av	94
	VS 150			- A - A - A - A - A - A - A - A - A - A	/		/		

· The said of a charge

AREA Y. YOU DANKE.

Wallad men forthall

damid Copeça

Balkinoru

1750 Palayane Mureet

to ocetystys

:54

has/out

Printe display

Garage of the same

T/TT/SI Holy Organ

deliberoru

CONTRACT OF THE AVE.

### BALTIMORE CITY HEALTH DEPARTMENT

J.L	OT	6

BIRTH	NO.			CERTIFICATI	OF DEATH	itegistere,	2 110.
	ME OF D or Print)	eceased John	Ignati	us Sullivan		2. DATE. OF DEATH	7-13-51
A. Balt		City, Maryland		ion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland		If institution: residence before admission)
HOSPI"	TAL OR	U.S. Public Baltimore 11	Health	Service location)		outside corporate li	mits, write RURAL and give township)
			<i>y y</i> =	Yrs. Mos.	D. STREET ADDRESS (If		1011
5. SEX		6. COLOR OR RACE	7. SINGLE	Days Days Days Days Days Days Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
Ma. 10A. US	SUAL OC	White CUPATION (Give kind of if working life, even if retired)		rried OF BUSINESS OR INDUSTRY	July 31, 1894 11. BIRTHPLACE (State or for	56 preign country)	12. CITIZEN OF
Lav	Wyer THER'S N		L	egal	Washington, D. (		USA USA
	nn Sul	livan	FORCES	16. SOCIAL	Johanna Fuller		
Unkno	r unanown)	(If yes, give war ar date	nf service)	SECURITY NO.	Records - US 1	Public Heal	th Service
ERTIFICATION	This does neart failunjury or DISEASES TO TUNDERLY	E OR CONDITION LEADING TO DEATHOR TO THE DEATH, BUT SEASE OR CONDITION	FH f dying, e. g f dying, e. g sthe disease aused death SES F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE	(B)		scular disc	ease 2 years
19A	. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
E Z 10	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, nffice bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
dec	22. I hereby certify that I attended the deceased from May 14, 1951 to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 6:15 Pm., from the causes and on the date stated above.  238. ADDRESS  230. DATE SIGNED  M. O. US PHS Hospital, Balto., Md. 7-14-51						
13	URIAL, CEMOVAL (S	pecies 7/19/-	5/	arlington	natinal (		vn, or county) (State)
	REGIST		tor M	liams, And	S.H. Director	To, Eva	shington
JUL	S 150 1		16/ 15h	C. C	558U	11	70 D.C.

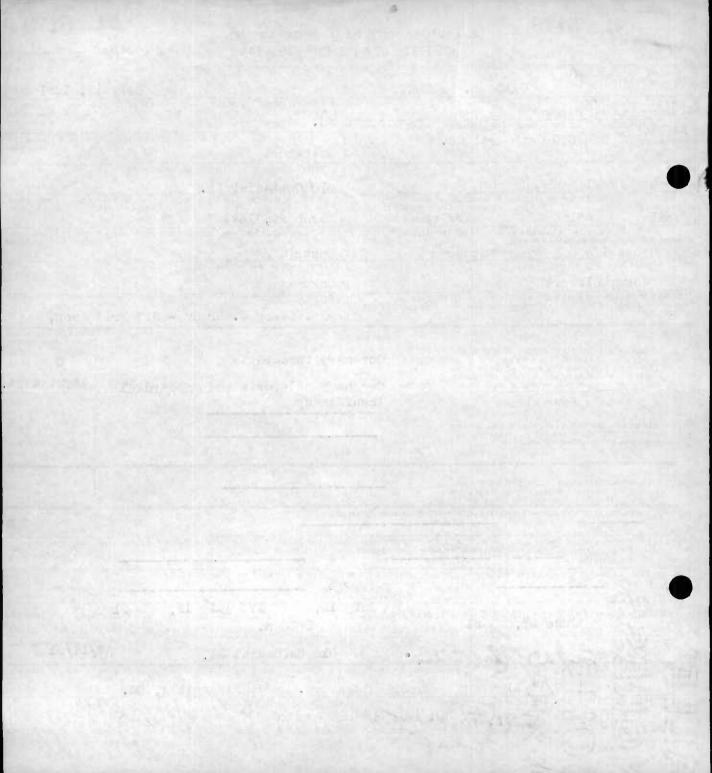
refere to him the first convert that the transfer of the trans A LINE COLLEGE SERVICE SERVICE

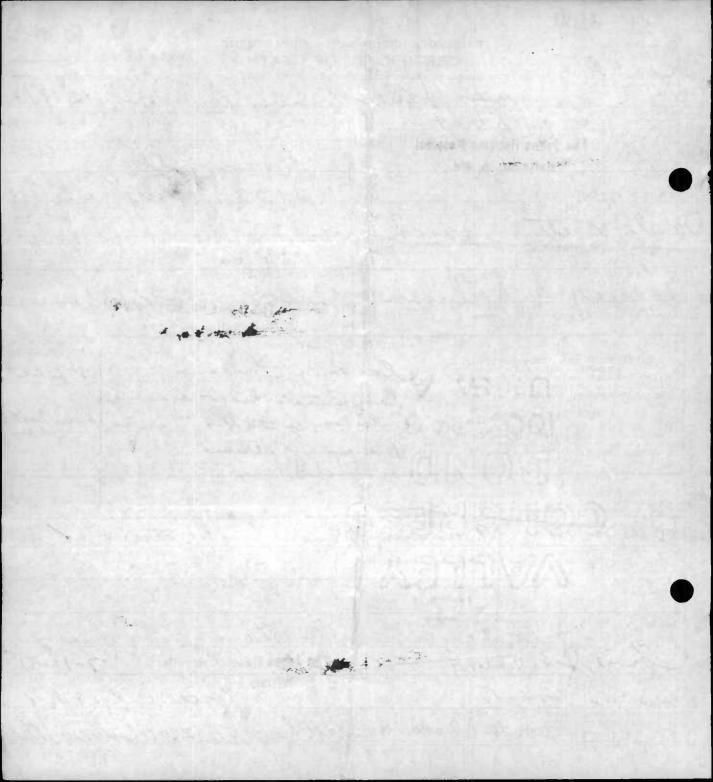
51	6179

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GRACE M. HARTNETT July 12, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN 510 Cathedral St. (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 510 Cathedral St. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female married March 29, 1884 67 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Holzworth Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Harry J. Grady - 817 Fred Avon. 18. INTERVAL BETWEEN 20, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary thrombosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) about 4Yrs. Coronary sclerosis and myocardial DUE TO insuffiency ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from July 15, 1947, to July 12, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 5:30 2m., from the causes and on the date stated above. 1951, that I last saw the 51 SIGNED 238. ADDRESS 516 Cathedral St. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE 16/51 Burial Druid Ridge Cemy. Pikesville 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAB

VS 150

with the property and the said





51 6181

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES F. HOFFACKER DEATH July 13, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION 1421 N. Patterson Pk. Ave. township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1421 N. Patterson Pk. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)
married male white Dec. 8, 1874 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Building Construction INDUSTRY WHAT COUNTRY? Bricklaver (rtd) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Luther Hoffacker Laura Virginia Turnbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Pk. Ave ves Sp. American Mrs. Annie W. Hoffacker -Patter-INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Larm an throw bisis CAL heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK 1991. to. 22. I hereby certify that I attended the deceased from-1911, that I last saw the Mm., from the causes and on the date stated above. deceased alive on Il. 191 , and that death occurred at. 23A. SIGNATURE 23c. PATE SIGNED

LOCAL REGISTRAR

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

Burial DATE RECEIVED BY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

AN UNA CH

15 of IAM MY

24B. DATE

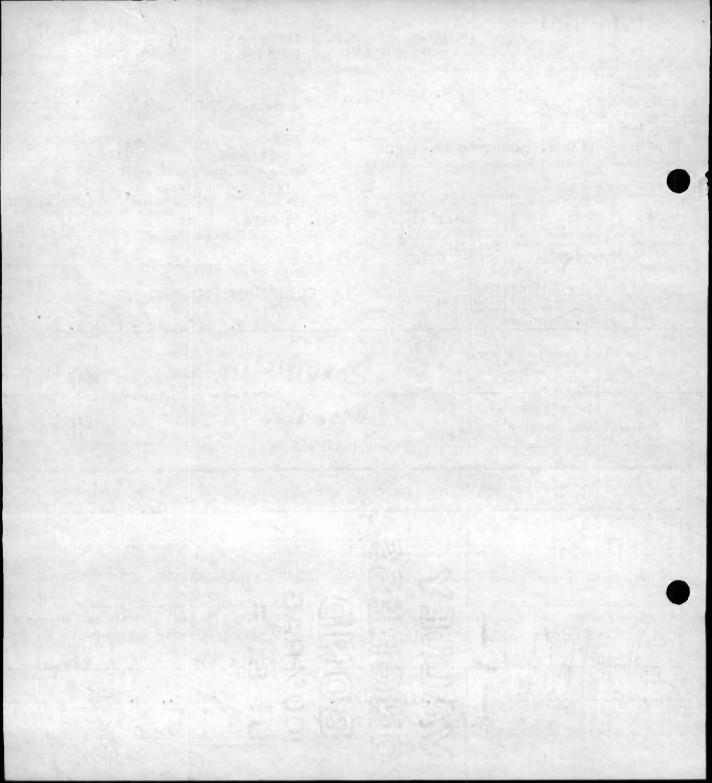
7/16/51

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VS 150

THE PARTY OF THE P



to Dr. Leon H. Hetherington, chief Bureau of Tuberculosis
Maryland State Department of Health

Correcting fr dings after utopsy inal icroscopic section ere established.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No.
Tack - present	W 1420

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) hw: Theresa Dutta	2. DATE OF DEATH July 13, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore MA	4. USUAL RESIDENCE (Where deceased lived, A institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION 2)	on c. OTY OR TOWN (If outside corporate limits, write RURAL and give township)
9 Length of stay in Baltimore 86 yrs Mod Day	8. 121 M Him
tenale Thite Hidowed, BIVORCED (Speci	Dept. 27, 1865 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10A. HAND OF BUSINESS OR INDUSTRIAL OF	Margana U.S.W.
aurence Tunes	14. MOTHER SMAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Varior or unknown) (If yos, give war or dates of service) SECURITY NO	My INFORMANT ROSSMA 121 M Strether
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ONSET AND GEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ty. anderenden gradly
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP	PERA/TION .   20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. gabout home, farm, factory, atreet, office bld	
To. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP FINJURY MHILE AT NOT WHILE AT WORK AT WORK	ILE [ ]
deceased alive on 7/12, 1951, and that death oed	195/, to 7/13, 195, that I last saw the curred at 5 km., from the causes and on the date stated above.  23B. ADDRESS 2400 E Bags 4 7/14/5-1
Durial Jaly 16, 1951 Mew Car	THERY OF GREMATORY 240 LOCATION (City, town, or county) (State)
LOCAL REGISTRATE SCHATULE LOCAL REGISTRATE SCHATULE	R.A. Nabrowski 2818 & Deltimonest
VS 150	// 107

Marie Transmission State That 21 M. Julyan St. Cultinger med 121 M. Streeper mayard 12 / 36 timete White Holomie 11.30 Vousenite perpline beregge 101 h Studen Historia Contract Conv. Serve of play to 1901 Mais California Internal 1888 July 18

many of april The death I Stope Bathanica Tribert Chiefells White Morrison Columnic Park 1120 - Mariner fachl Lewis nergoist Beginner A 10/10-1017-4/61 -Maptle Exercit Kilomballeri wal the Desiral Suffilled Par antender College College Suffice Suffice

### BALTIMORE CITY HEALTH DEPARTMENT

51 6185

. 60 0		CERTIFICAT	E OF DEATH	Registered :	No.
BIRTH NO.	DEGEAGED				
1. NAME OF (Type or Prin	t)	- Charles		2. DATE OF	יון זיירי
3. PLACE OF		y Creamer	A HISHAL PESIDEN	DEATH July	14, 1751
A. Baltimore	. Baltimore City, Maryland			B. COUNTY	before admission)
B. FULL NAM	IE OF (If not in hospit	al or institution, give street address or location)	THE PARTY OF THE P	nd	
INSTITUTION	1		C. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
41	St. Joseph's		Baltim		0 1
		Yrs. Mos.	D. STREET ADDRES	(If rural, give location)	
	f stay in Baltimore	50yr. Days	5406 N	layview Avenue	
5. SEX	6. COLOR OR RACE	<ol> <li>SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</li> </ol>	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year   It Under 24 Hours on the Days   Hours : Min.
Male	White	Married	July 15, 189		Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
	out of working life, even if retired)  Fitter	Crown Cork & Seal			WHAT COUNTRY
13. FATHER'S		Crown Cork & Sear	14. MOTHER'S MAIL	DEN NAME	
Anth	ony Creamer				
		Fongson I do Santin	Eleise Ced	181.	
Yes, oo or uokoov	ASED EVER IN U. S. ARMED (If yes, give war or date)	of service) SECURITY NO.	17. INFORMANT		DDRESS VIEW
		213-01-0466	Mrs. Beatr:	ice B. Creamer	,5406 May-
RISE TO UNDER	ANTECEDENT CAUS  BES OR CONDITIONS, 11  THE ABOVE CAUSE (A)  RLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO ST. (C)			
	NG TO THE DEATH, BUT DISEASE OR CONDITION				
_	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
1.1	OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., 4			give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
	W LT CL	m. WHILE AT NOT WHILE		200	
22 I have	abor partifer that I at	ended the deceased from 6/1	2/ 19 57	7/7)1/ 105	1 44-4 7 7 4
decorned	aline on 7/1).	enaed the deceased from $2/2$ , $151$ , and that death occur	mad at 5.500 M	from the annual of	that I last saw the
23A. SIGN	NATURE 10	and that death occur	38. ADDRESS	rom the causes and on t	he date stated above.
200.0.01	Xc. day	(USD ALL)		oline Street	7/11/51
24A. BURIAL	, CREMA- 24B. DATE	24C, NAME OF CEMETE		24D. LOCATION (City, town	or county) (State)
TION, REMOVAL Buris	(Specify)				
DATE RECEIV	VED BY   BECIETBAR		eemer	Baltimore,	Maryland
LOCAL REGI	STRAR 1951	agents 11/61.5	Leonard J.	Ruck, 5305 Ha	rford Road.
VS 150	the time	Control of the Williams			
	***	人口 人名英格兰斯 化二二二十二十二二十二二二二二二二二二二二二二二二二二二二二二二二二二二二二	1 12		10.10

57432

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6186

Registered No.

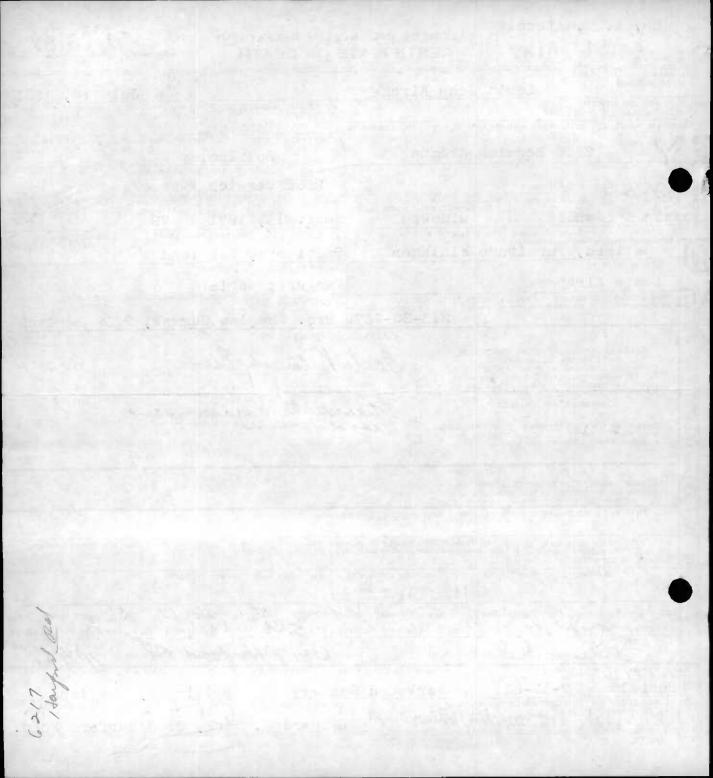
В	IRTH NO.							
	NAME OF DECEA. Type or Print)		nence	B. Lemkuhl		2. DATE OF TI	aly 13,	1951
	. PLACE OF DEATH . Baltimore City,	:	rence	D. Demkuiii	4. USUAL RESIDENCE (V		If institution : re	sidence
8	FULL NAME OF		al or institut	tion, give street address or	9.0		beiore	admission)
	OSPITAL OR			location)	C. CITY OR TOWN (If	outside corporate lim	its, write RURA	L and give
1	23	05 St. I	Paul S	treet	Baltimor	'e 21.	-38	township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
-	Length of stay in			Days	1907 East Be	elvedere A	venue	
		LOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)		9. AGE (In years last birthday) M	If Under   Year   II Ionths: Days   Ho	Under 24 Hours
_		hite		dowed	Mar. 28, 1867	84		
wor	DA. USUAL OCCUPA k done during most of working	TION (Give kind of ng life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN WHAT C	OF OUNTRY?
-	at home				Baltimore, Mar	V		
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	,/	
	John Woo				Mary Dyer			
	5. WAS DECEASED EVE			16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	re
_					Mrs. Chas. Ham	ilton 190'	7 E. Be:	lvede
	18. 4437	Κ .		CAUSE	OF DEATH		INTERVAL	
	DISEASE OR	CONDITION	DIRECTLY		1 0/	Au		NO DEATH
	(This does not n	DING TO DEAT	f dving, e. s	3., (A) NY	remia 9	Mennone	a / W	2
	heart failure, astl	henia, etc. It mea lication which c	ns the diseas aused death	e, ) DUE TQ				
	ANTE	CEDENT CAUS	FS	Hos per	luning and	fered		
z	Z (B) 37 P 17 C					roled		
0	DISEASES OR O	CONDITIONS, IF	ANY, GIVIN	IG OUF TO	- lan la			***************
AT	UNDERLYING	CONDITION LA	ST.	(6)				
ERTIFICATION				(0)	•••••••••••••••••••••••••••••••••••••••	***************************************		****************
Ë	OTHER SIGNIF	II CONDI	TIONE CON					
F	TRIBUTING TO T	HE DEATH, BUT	NOT RELATE	0			A Pedr	
U	19A. DATE OF OPE			FINDINGS OF OPER	ATION		1	
AL	-		38. MA3011	THEMOS OF OPEN	ATTON		20. AUT	NO NO
EDICAL	21A. ACCIDENT V	WAS UNDER-		CE OF INJURY (e. g., i		f in Baltimore City,		
MED	LYING OR CON	TRIBUTING	about home,	farm, factory, street, office hldg., e	INJURY OCCUR?			
	210. TIME (Month	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
L		-	m.	WHILE AT NOT WHILE				
	22. I hereby cert	tifu that I att	ended the	1	en 2 2', 195/, to go	ely. 13, 195	-/ that I land	2000 47
	deceased alive or			and that death occur		he causes and on t		
	234 SIGNATURE	1	, 10		38. ADDRESS	te causes and on t		SIGNED
	1mg	me,	250,0	ile M.D.	3033 W/Ko	Nan	2/104/4	T
2.	4A. BURIAL, CREMA ON, REMOVAL (Specify)	248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	n, of county	(State)
	Burial	7-16-5	1	Loudon Park	Cem. Ball	timore, Ma	ary land	
	ATE RECEIVED BY	REGISTRAR"	SIGNAT	RE .	25. FUNERAL DIRECTOR		ADDRESS	
	HH 1 E 10E	Thurston	10x /10	hades, M.M.	Leonard J. Ruc	k, 5305 Hg	arford F	load
	JUL 1 3 133	1. day	COMPANIES OF THE PARTY OF THE P	Collins of Approximate Sign (8)	***		00	
100			1 TO	And a second of the second			1,4 4.7	

Dr. Byerly 3033 W. North Ave. Dr. E. J. Alessi 026 51 6187

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6187

I MANE OF PERSONS	
(Type or Print) Louis John Kircher	2. DATE OF Tular 24 1052
3. PLACE OF DEATH:	DEATH July 14, 1951  4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)  Marvland
INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
2809 Berwick Avenue	Baltimore 27-07 township)
Yrs, Mos.	o. STREET ADDRESS (If rural, give location)
length of stay in Baltimore	2809 Berwick Avenue
WIDOWED, DIVORCED (Specify)	
male white widowed  TOA. USUAL OCCUPATION (Givekind of TOB. KIND OF BUSINESS OR	Sept. 18, 1871 79
NOUSTRY	II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Retired, Furniture Finisher	Baltimore, Maryland
Louis Kircher	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN II S ARMED FORCES?   16 SOCIAL	Margaret Nagle
(11 Yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 442 X	THE TOTAL EGG GUMMICH, 2003 BETTWCK
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH	Pulmmon Elema 3 hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	ordertia cardinamular ?
DISEASES OR CONDITIONS, IF ANY, GIVING	A dices
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED FINJURY	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	energy, 1951, to July 14, 195, that I last saw the
deceased alice on 14, 195/. and that death occur	
23A. SJONATURE LESSE M.D. 2	38. APDRESS Fluford Rd 230. BATE/SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7-17-51 Parkwood C	emtery Baltimore, Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	15. FUNERAL DIRECTOR ADDRESS
JUL 1 3 1351 rtimber / 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leonard J. Ruck, 5305 Harford Road.
VS 150	



BALTIMORE CITY HE	
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Michael P. Gross	2. DATE OF DEATH July 13, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give
4713 Grindon Avenue	Baltimore 27-0 township
Length of stay in Baltimore Tays	p. STREET ADDRESS (If rural, give location) 4713 Grindon Ave nue
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH   9 AGE ith yours   # linds   Vast   # linds 24 line
male white widowed Divorced (Specify)	Aug. 3. 1877 Aug. Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Carpenter	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Baltimore Co, Maryland
?	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, oo or unkoowo) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
, 5266011 163.	Mrs. Mary E. Gross, 4713 Grindon Av
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ERTIFICATION APPROVED BY
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OPERATION	Miles MOUTANE.
	SRISTOR ASST. MEDICÁL EXAMINER 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21B. PLACE OF INJURY (e. g., lo about home, farm, fectory, street, office bldg., et al. (B. INJURY) OCCURRE  WHILE AT NOT WHILE AT NOT WHILE AT WORK  The work of the contribution of the contributi	INJURY OCCUR?
deceased aims on July 3, 195/. and that death occur	19 19 1, to left 3, 19 1, that I last saw the red at 2 A m., from the causes and on the date stated above
24A. BURIAL CREMA. 24B. DATE 124C. NAME OF CEMETER	3B. ACDRESS   23C. DATE SIGNED   23C. DATE SIGNED   7-13-5  RY OR CREMATORY   44D. LOCATION (City, town, or county) (State)
Burial 7-16-51 Parkwood C	emetery Baltimore, Maryland
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Leonard J. Ruck, 5305 Harford Road.
VS 150	7024 94a

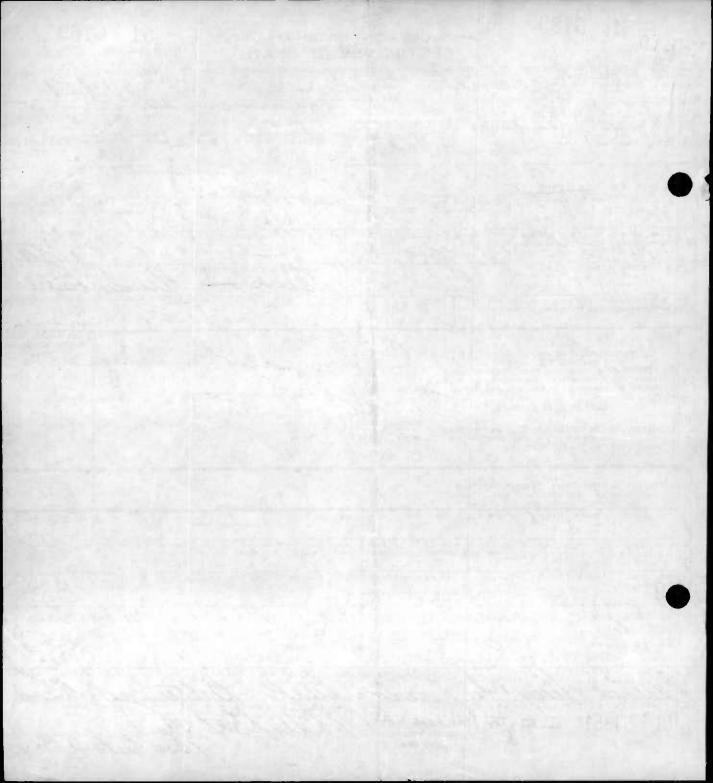
The second of th Personal Property of the Personal Property of

51 6189 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland COUNTY STATE before admission) B. FULL NAME/OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUN 13. FATHER'S NAME 14. MOZMER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If you, give war or dates of service) (Yes, no or uokoowo) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 3 3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE FICATI UNDERLYING CONDITION LAST. (C) .... RTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION A 20. AUTOPSY CA YES NO 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 19 , that I last saw the 199/. and that death occurred at 2:35 deceased alive on 1/12 \_m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 24A STRIAL, CREMA-TUNKER NOVAL (Specify) 248 BATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) State) EUNERAL DIRECTOR TE RECEIVED BY REGISTRAR'S ADDRESS VS 150

.0..00

2906A

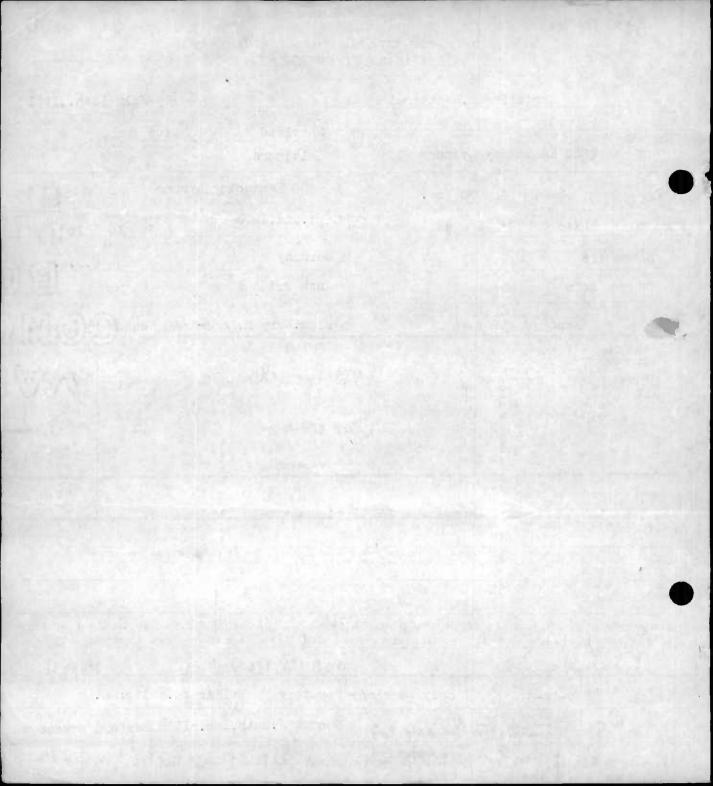
83a



51 6190

1	332	ma .	BAL		EALTH DEPART		, , , , , ,
ВІ	RTH NO.			CERTIFICAT	E OF DEAT	H Regis	tered No.
	NAME OF D ype or Print)		tina M.	Hentschel		2. DATE OF DEATH	July 12th.,1951
	Baltimore C	EATH: City, Maryland			A. STATE	ENCE (Where deceased B. COU	lived. If institution: residence
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location) enue	Maryland c. CITY OR TOWN Baltimore	(If outside corpor	rate limits, write RURAL and give township)
7	1.0			Yrs.		ESS (If rural, give loca	1-01
c.	Length of s	tay in Baltimore	70	Yrs. Mos.		tuckey Avenue	ation
	'emale	6.COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specify) WOO	Sept.2nd.18	9. AGE (In last birth	day) Months Days Hours Min.
1C worl	A. USUAL OC done during most of HOUSE	CUPATION (Give kind of of working life, even if retired) W116	10B. KINE	OF BUSINESS OR INDUSTRY		State or foreign country	
13	Georg	e Lomp			14. MOTHER'S MA		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date None	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Miss.Mary	K.Lomp-2820 I	ADDRESS Kentuckey Avenue
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					ONSET AND DEATH  STAND 3: N/M  UN M/M/M/	
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
1	19A. DATE O	F OPERATION 0	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
IEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e. g., i farm, fectory, street, office bldg.,	n or 21c. WHERE E		e City, give exact location)
Σ	F INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DIE	INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 1 1 1, to 7 19 deceased alive an 19 1, and that death occurred at 2. 10 m., from the causes and or 23A. SIGNATURE 23B. ADDRESS  M. D. 1818						, 194, that I last saw the nd on the date stated above.	
TI	AA. BURIAL, CON. REMOVAL (S Burial			24c. NAME OF CEMETE Holy Redeemer		24b. LOCATION (Ci Belair Rd.B)	
D.	ATE RECEIVED	RARE A	SSIGNAT	bliages, M.P.	George J.Ru	ith, Inc1735	Harford Avenue 4a

REGISTRAR'S SIGNATURE mospetitions your to part 3 - 4 que has had punded punded & must

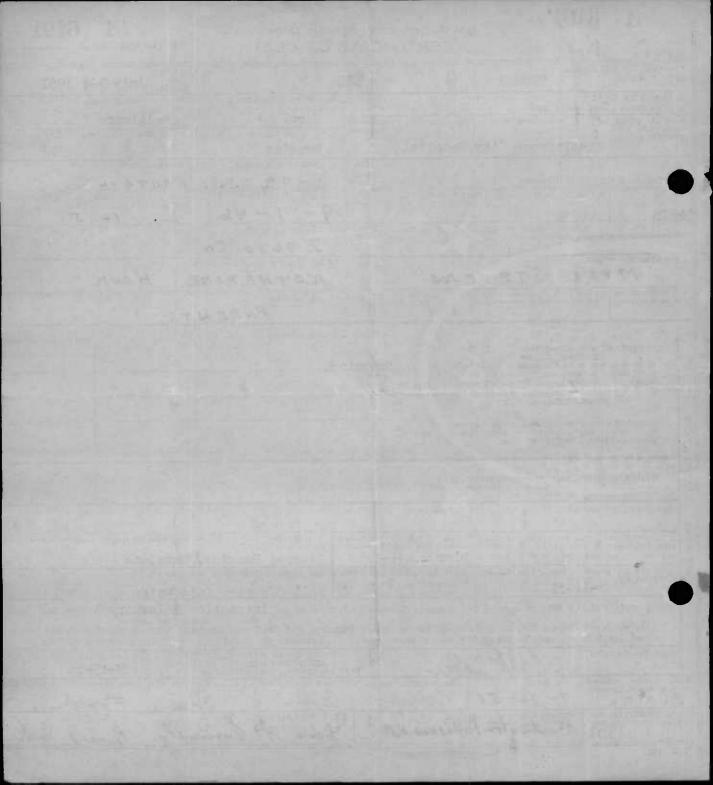


110	EALTH DEPARTMENT 51 6191  F. O.F. DEATH Registered No.
1. NAME OF DECEASED	E OF DEATH Registered No.
(Type or Print) THOMAS 6. STEVEN	
a. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location)	
Baltimore City Hospital	Bengies township
ength of stay in Baltimore Yrs.  Mos. Days	BOX 75%, R.F.D. ROUTS 14
Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE (In years   If Hader   Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
MYRL STEVENS	14. MOTHER'S MAIDEN NAME  KATHERINE HOOK
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT PARENTS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH  INTERVAL BETWEET ONSET AND DEATH  INTERVAL BETWEET ONSET AND DEATH
TO THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
UTING CAUSE WAS UTING CAUSE OF DEATH.  218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., e  210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	Pier at Bengies, Maryland
7-12-51 m. WHILE AT NOT WHILE AT WORK	Fell off pier into water
22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I	bove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry thereon and from inquiry, find that said deceased died on the day stated above a naccident , suicide , homicide , undetermined .
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETER	D. MEDICAL INVESTIGATOR
BURIAL 7-16-51 Lenezer  DATE RECEIVED BY REGISTRAR'S SIGNATURE	Es. FUNERAL DIBECTOR ADDRESS

VS 151 /1-990x

well Thing about in

my s. connecty 6



# BALTIMORE CITY HEALTH DEPARTMENT

E-4	0400
51	6192
1	the state of the state of

BII	CERTIFIC	CATE OF DEATH	Registered No.	
	NAME OF DECEASED		2. DATE	
(T)	pe or Print)		OF T	~ 1001
9	PLACE OF DEATH:	A LIGHAL BEGIDENCE	(Where deceased lived, 11 inst	771421
	Baltimore City, Maryland Coltmone Md	A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street add		HARFOR	D
	STITUTION Bay-WII-Ba. Convalescent	c. CITY OR TOWN	(If outside corporate limits, w	
	Lame In the	Va Hatve-de-G	race 6	township)
-	Charles College		(If rural, give location)	
	Length of stay in Baltimore	Days 72.0 0	TSEGO ST	rect
5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. ASE (In years) If Unde	r 1 Year   II Under 24 Hours
15	WIDOWED, DIVORCED	(Specify) 2 9 - 1950	last birthday) Month	Bays Hours Min.
10/	LUSUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	OR 11. BIRTHPLACE (State of	or foreign country)   12	CITIZEN OF
work		USTRY	41	WHAT COUNTRY?
-	lousavire None	1 and and	U	15.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	Isaiah DeCourey	Unknown		
	WAS DECEASED . ER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT	ADDI	RESS
(100,	no or onkoowo) (If yes, give war or dates of service) SECURITY	No. Mass Mandage	+ Mitchell 2121	N. coldspring
		II II ST I I I I I I I I I I I I I I I I	7.111011011211	INTERVAL BETWEEN
	-/30,0	USE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 - 1 - 1	1-	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	me arteriose	lerosis	
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			Year and the same of the same
z	(B)			0.5300 (0.00)
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD			***************************************
AT	UNDERLYING CONDITION LAST.			
2				Service Control
E	(C)			
ER	OTHER SIGNIFICANT CONDITIONS CON-			With the second
Ö,	TO THE DISEASE DR CONDITION CAUSING IT.			
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
YO -				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY about bome, farm, factory, street, offi	(e. g., in or 21c. WHERE DID ice bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
M.				
2	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OC	CURRED 21F. HOW DID INJU	JRY OCCUR?	
		WHILE		
		WORK	72	
	22. I hereby certify that I attended the deceased from		1951, ti	
-	deceased alive on July 6, 1951, and that death			
	234 SIGNATURE	23B. ADDRESS	2	3c. DATE SIGNED
		D. TIX Jolohan	- Or- 14	137191
710	A, BŮRIAL, CREMA- N, REMOVAL (Specify) 24B, DATE 24C, NAME OF CI	EMETERY OR CREMATORY 240	LOCATION (City, town, or o	county) (State)
B	URIAL 7-17-51 ST. JAI	ITES CEMETERY H	AVRE de GRA	CE. Md.
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	1 25 PUNERAL DIRECTO	PR A A A A	DRESS
1	The 1991	Charles 17 16 0	Valo Hando	Wet vice
=	NC 150	in of	CATE THE CO	- W. W.
	VS 150	W. 44		00

766 1756 1 11.00 8-19-18-18 Heusenies More Issuich le voncy por TO SHIP I THE SETTINES CENERAL HAVE OF GROWN THE 

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EDITH. I GRUBE DEATH - WAY 13-1951 3. PLACE OF DEATH: a. Baltimore City, Maryland 737 4. USUAL RESIDENCE (Where deceased lived, If institution: residence W GROSS A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION CASTIMORE (If rural, give location) Yrs. D. STREET ADDRESS Mos. LIFE TIME ength of stay in Baltimore 10R033 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years | Winder | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) VIDOW 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTR WHAT COUNTRY! HOUSE WORK. DA KTIMORE 19 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LBERT S-KINSE TALLINGS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. STEINFORT-736 W CROSS. 18. CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

> m. WORK AT WORK 22. I hereby certify that I attended the deceased from\_

deceased alive on\_ 23A. SIGNATURE

and that death occurred at

EMOVAL (Specify) 24C. NAME OF CEMETERY OR PREMATORY

HOUDON 25 FUNERAL DIRECTOR

238. ADDRESS

24D. LCCATION (City, town, or county)

21F. HOW DID INJURY OCCUR?

In,, from the causes and on the date stated above.

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

中央国际政治

that I last saw the

23c. DATE SIGNED

EDITH I CHUBE STATES LES AS SHAMES DES CANTINGER E. C. L. The trace of the first state of the A SERVING THE STATE OF THE SERVING 当中以底域(C 3000) Chicken Herry Cares a Line 548-53 SADAR D. D. A. F. Charles and the Market AND ENTRY OF THE STATE OF The second of th 

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Ü	1.	0194
Registered	No.	

В	IRTH NO.			CERTIFICAT	E OF DEATH	iteg.stered	110
	NAME OF D Type or Print)		C COPT TO	DDF7 CASTDO		2. DATE July	8, 1951
ISAAC GUTIERREZ CASTRO  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR Incation)			DEATH  4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY  before admission				
BHI	OSPITAL OR ISTITUTION Wyman	Pk. Drive &	Hospit 31st S	location)		(If outside corporate limi	ts, write RURAL and give township)
		tay in Baltimore.	?	Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location) Broadway	
5	SEX M	6. COLOR OR RACE	WIDOW	E. MARRIED. ZED. DIVORCED (Specify)	8. DATE OF BIRTH 4/11/94	9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
or	k dooe duriog most o			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S N	?			14. MOTHER'S MAIDEN	NAME	
Ye	5. WAS DECEASE 6. 00 or uokoown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. 069-12-2441	17. INFORMANT Records- US M	Marine Hospita	DDRESS 1, Balto, Md.
	18. 44	3 X I SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OEATH
	(This does heart failu	LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which	TH of dying, e. g ins the diseas	e,	acerebral hemorr	hage	Less than
		ANTECEDENT CAUS					
CON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					se Unknown	
FICA	ONDERE	THE CONDITION E	151.	(C)			
LEKI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D A	AFFE E		
AL				FINDINGS OF OPER	RATION		20. AUTOPSY?
A E DIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
	21D. TIME (	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		IRY OCCUR?	
		y certify that I at	tended the	deceased from Ju	nly 5 , 1951, to rred at 1:10Pm., from	July 8 , 19 5	that I last saw the
	23A. SIGNAT	TUREN LA		1/1/2	US Marine Hospi		23c. DATE SIGNED
TI	4A. BURIAL, CON, REMOVAL (S	REMA- 248. DATE		St Peters	RY OR CREMATORY   240	Baltimore, C	or county) (State)
DL	ATE RECEIVED	BY REGISTRAR	SSIGNATU		Howard H. Hub		ADDRESS dmondson Ave
\rightarrow{1}{\righ	VS 150		1944	at the ball of the same	73 55		93)
				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1

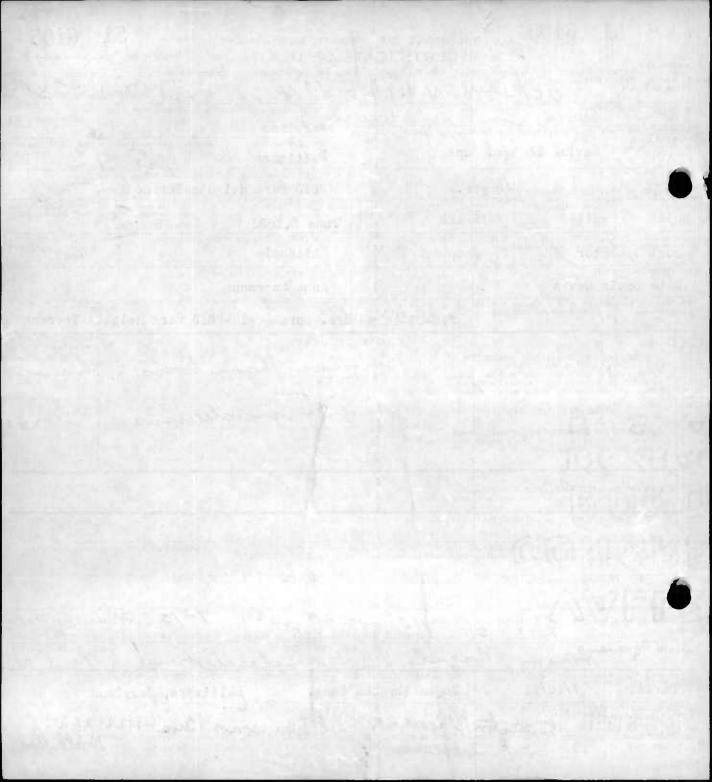
Carried Cappain (1) Cass the state of the s The second secon to a second of the second of t Desired the Land Section of the Control of the Cont Maria Barra for Years, output, and the first of the second of the seco divide made and the constant of the first of the state of

51 6195

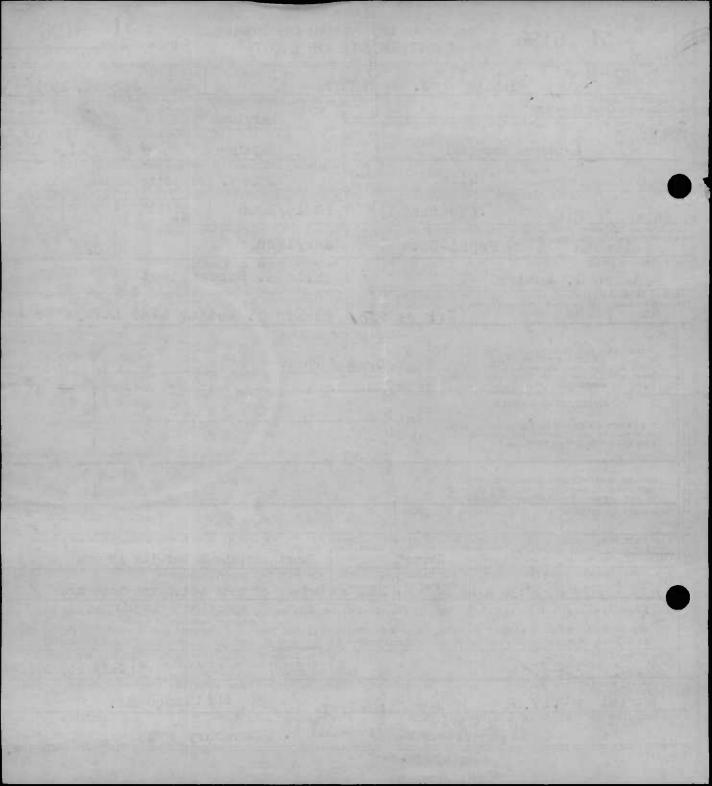
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BENJAM/NM. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Waryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Levindale Aged Home Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2613 Park Heights Terrace 45 yrs. ength of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under | Year last birthday) Months: Days If Linder 24 Hours MARRIED DIVORCED (Specify Hours Min. male white June 5,1893 58 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY shop Lithunia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME late Louis Levin Anna Sherman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Mrs. Dora Levin-2613 Park Heights Terrace 18. NTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ۵ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH Y21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 7-15, 195, that I last saw the 2-28 4195/to 22. I hereby certify that I attended the deceased from 5 m., from the causes and on the date stated above. 7-15, 195/, and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 7/16/51 Mogan Abraham Cong. Baltimore, Maryland DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

9 12002-1124-26W.



51 6196 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM MOTTER J. July 14. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2749 W. Lafayette Avenue ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If beder I Year I Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) 10/15/1908 Male White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) USA COUNTRY? Pepsi-Cola Haryland Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella M. Roesensteel Edward G. Motter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. No Edward G. Motter 2749 Lafayette 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Crushed chest heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location), 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. Street North Avenue & Warwick Avenue 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Driver of auto which ran into tree July 14. 12:30 A.m. 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident K, suicide [ , homicide [ , undetermined [ . 234. SIGNATURE 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... July 14. MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMACITION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Burial 7.17.5DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR John Stansbury 2700 Edmondson VS 151

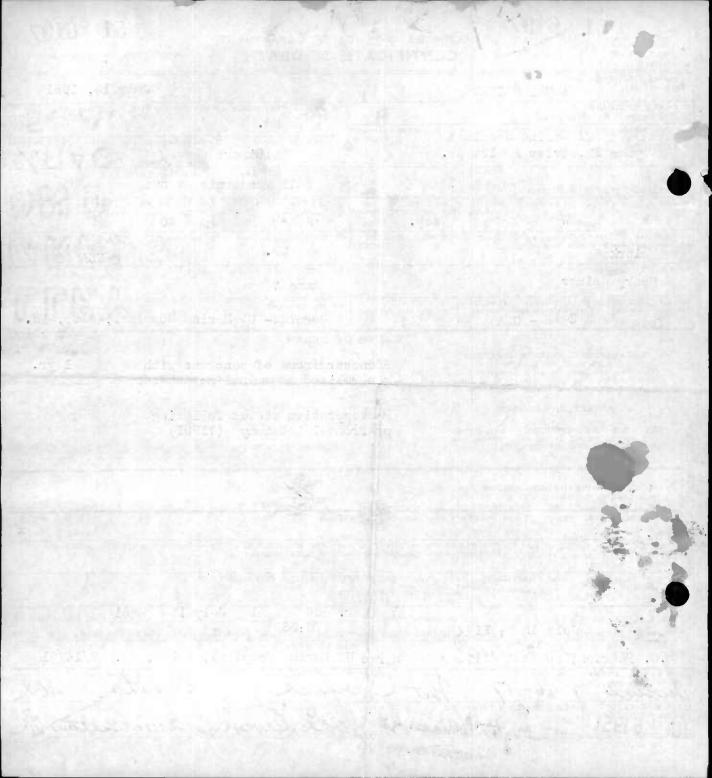


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6197

Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) July 15, 1951 SAMUEL WEINER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF US Marine Hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman Pk. Drive & 31st St. township) Baltimore D. STREET ADDRESS (If rural, give location) Vre Mos. 3019 Mondawmin Avenue ngth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 7/8/10 sep. 40 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. clerk USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Weiner Anna ? 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give war or dates of service)

WW 2 - USA SECURITY NO. - USA Records- US Marine Hospital Balto. Md. Yes 18. CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Adenocarcinoma of pancreas with yr. (This does not mean the mode of dying, e.g., (A) ... generalized abdominal metastases heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Postoperative status following RTIFICATION prefrontal lobotomy (?1951) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... 1.1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK Mar. . 1951, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on JVIX 15 fand that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED Officer in Charge US Marine Hospital, Balto, Md. D.W. Patrick, 24A BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 35. FUNERAL DIRECTOR ADDRESS

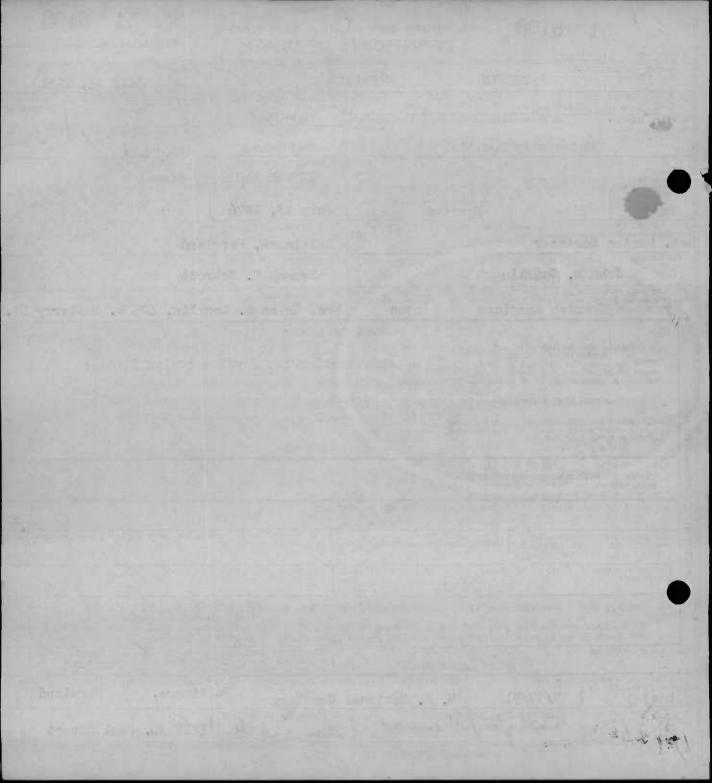


### 42 51 6198 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	IRTH NO.			CERTIFIC	AIL	OF DEAT	П					
	NAME OF D							2. DATE				
(1	Type or Print)	July	a. A.	RV	Nill	COX		OF JU	10-1	4-	195	-/
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)							
	FULL NAME		tal or institution		Ad / /							
H	OSPITAL OR			40	C. CITY OR TOWN (If outside corporate limits, with RURAL and give							
115	35117	Devorshire	Thive	7	Baltimare 1 township)							
7		DEVOITSITIFE	711114	Yrs. D	D. STREET ADDRESS (If rural, give ecation)							
K				Mos.	2 (2) 14							
6	the second second second second	tay in Baltimore	1 =	Days U								
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)				specify) 8	8. DATE OF BIRTH  9. AGE (in years   1 Under 1 Year   1 Under 24 Hours   Months; Days   Hours   Min.							
1	emale	White	White Widowed			1868 82						
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR						11. BIRTHPLACE (State or foreign country)   12. CIT:ZEN OF						
11 (1)	11		1	INDU	SIRY							
13	HOUSEW B. FATHER'S N	VAME	1	1	14. MOTHER'S MAIDEN NAME							
	. 11					THE MOTHER OF MAINE						
	UNKMOK	417			Unknown							
15 (Ye	5. WAS DECEASI s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY N	1	7. INFORMANT			ADDR	ESS		
(	170			۷٥.	Solomon Shapier WW Fort Bldg B.H. MI							
	/									INTERN	AL BE	TWEEN
	18. 42	0.0		CAU	JSE OF	DEATH					AND	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									1	thi	2
	(This does not mean the mode of dying, e.g., (A)										TI	>:
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO											
_						- 0				0	hrs	. 2
	ANTECEDENT CAUSES Colorary Ocelleseon:									0	nr	
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO CARREST CORECT OCCUPIED.  OUT TO CARREST CORECT OCCUPIED.											
E	RISE TO T	THE ABOVE CAUSE (A)	sollerof	He H	. DIS.				2			
CA	UNDERLYING CONDITION LAST.									20	14r	<b>5</b> (
L		**** **************************					•					
1	OTHER SIGNIFICANT CONDITIONS CON-										-	
ERT	TRIBUTING	is ease of	1 Boul	2 Stuers	Kull		?					
O	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION OPERATION APPROVED ON										LITOD	
۲	ISA. DATE C	OF GPERATION D	CERTIFICATION APPROVED BY					20. AUTOPSY?				
C	214 ACCURE	NE SUICIDE	1 21n DIA	CE OF IN HIRV	( in a	Late WHERE	116	in Doltimono Fit	u misto	YES		10
EDICA	21A. ACCIDENT, SUICIDE.  21B. PLACE OF INJURY (e.g., in or large large large)  21c. WHERE DID (If in Baltimore lity, give about home, farm, factory, street, office bldg., etc.) INJURY OCCURE.									exact 1	OCA LIGI	')
M					Julia	- CXOU	47					
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DESIGN OF THE PROPERTY OF							PORTINE EXEM	ItLI			
K	FINJURY WHILE AT NOT WHILE											
	m.   WORK   AT WORK											
	22. I hereby certify that I attended the deceased from 3M 7/14, 1951, to 10 am 1/14, 1951, the											
	deceased alive on July 14, 1951. and that death occurred at 10 2. m., from the causes and on the do									ate st	ated o	ibove.
										C. DA		GNED
Guast Oleen M.D. 5901 Park Heights Hor. Ju											414,	1951
2	4A. BURIAL,	CREMA- 24B. DATE	2	4c. NAME OF CE	METERY	OR CREMATORY	24D. LO	CATION (City, to	wn, or de	ounty)	(8	State)
14	ON REMOVAL (S	-0 1	7-1651	1 auction	Bril	1 Banoter	Bul-	timberdo			MA	F
	ATE RECEIVE	D BY   REGISTRAD	'S SIGNATU	S OULIOIT	MITA	FUNERAL DIR	RECTOR	11/16/01	r AD	DRESS	14	
	OCAL REGIST	RAR	1- 4/16	1	* /	1-00 · F		7 - 100 - 1	(1)	0	A	
_	JUI 16	195/ Lustre 1	m / Valle	add, All	1	Ullan a	000 /	gec 1217 XI	Jak	XA	1.	
	VS 150			and the same state of				0-5	alla	Tec	d	
		A	100000000000000000000000000000000000000	TO THE WALLES				1100 110	0		1	

Total Section of A Marie 174 - 124 (1763) SYHJADAL WY Marie 401 5 new war Steward Sherick of the English Committee Seat Alexander De Alexander Design The war Thing you Louise his granty , is there THE ESTATE OF THE PROPERTY OF THE STREET OF

THE PARTY OF THE P



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

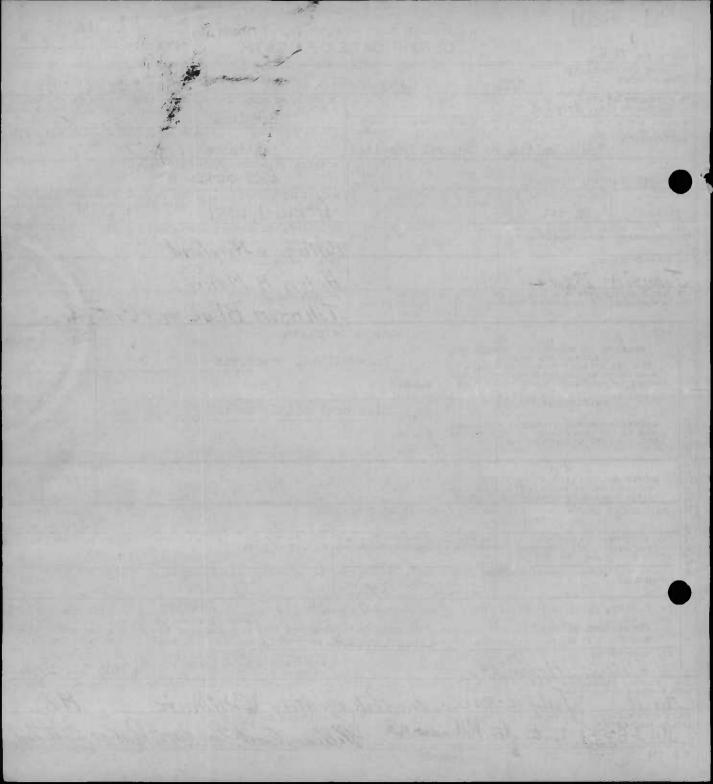
51 6200 Registered No.

BI	RTH NO.								
	NAME OF D ype or Print)	eceased Arth	nur P. I	Barton		OF Jul	y 12, 1951		
Α,	PLACE OF D Baltimore (	City, Maryland	al or instituti	ion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a, STATE B, COUNTY before admission Maryland				
H	SPITAL OR	Union Memo		location)					
		tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (1804 Gorsuch A				
	male	6.COLOR OR RACE	WIDOW	married. ED, DIVORCED (Specify) Arried	8. DATE OF BIRTH Nov. 3, 1875	9. AGE (in years last birthday)	Months Days Hours Min.		
TOTAL	A. USUAL OC done during most of OOL ROOM	CUPATION (Give kind of f working life, even if retired) Man		of Business or INDUSTRY	11. BIRTHPLACE (State or	foreign country) ton. Va.	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME			
		William C. H	Barton		Louisa S. Cal	vert.			
15	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
	no or daknown)	(11 yes, give war or date	is of service)	SECURITY NO.	John C. Barton	, 1022 East	36th Street		
. CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY OTHER STRIBUTING TO THE D	GE OR CONDITION LEADING TO DEA not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH, BUT SEGASE OR CONDITION OF OPERATION 1	TH of dying, e. g ins the disease aused death SES  F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING IT	(B) (C) (C)		his washed	INTERVAL BETWEEN ONSET AND DEATH		
CAL		ENT WAS UNDER		CE OF INJURY (e. g., in		(If in Baltimore City	YES NO		
MEDICA	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., s  21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	etc.) INJURY OCCUR?		, give exact location)		
	22. I hereb	y certify that I att	tended the	ucceased from	Ivne , 1948, to	July , 19.	51, that I last saw th		
	deccased at	live on July 10	, 19 5/,	and that death occur	red at 5: 30%. m., from	the causes and on	the date stated above		
	23A. SIGNA	Zory ///.	Jan	meme_M.D. 2	2 93 Franco	Bel.	June 13		
TI	on REMOVAL (S burial	7/16/5X	/	Meadowridge 1	Park Cemetery,	Elknidge,	Maryland		
D.	ATE RECEIVE	RAR 1951	STATE OF 1 1 1 1	RE AND HAS	Wm. Corp no	c. 1217 St. I	Paul Street		
	VS 150	1 Property	110 LE 19 . H 45 Y	The Ushing and			No. 5		

words that you will be the died of 是一个人在什么是一个人 THE THE STATE OF T

451 6201 400 N.R. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

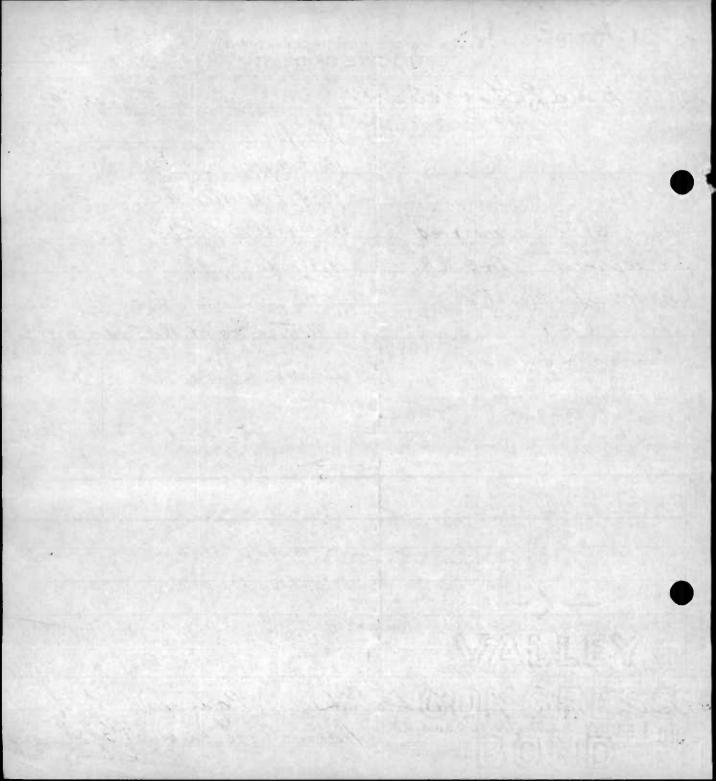
BI	RTH NO.	'n								
	NAME OF D ype or Print)		ARL	BLUE	119,		2. DATE OF Tax	lw 1/ 1051		
	PLACE OF D	EATH:	erri.	DLUE	-	4. USUAL RESIDENCE (W. A. STATE				
	FULL NAME	City, Maryland	tal or inetitut	ion, give street addre	70.00	Maryland	B. COUNTY	before admission)		
HC	SPITAL OR	OF THOUTH MOSPI	test of misercus		4 1 -		outside corporate live	nits, write RURAL and give		
IN	STITUTION	Courth Dollar	nama Car	onel Wagnid		Baltimore	The Country of the Co	township)		
+		South Baltin	nore der							
					Irs.	The state of the s				
	and the second s	tay in Baltimore		I	Days	4908 Curt	12			
3.	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (S <sub>I</sub>		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours Months Days   Hours   Min.		
1	Male	White	Wibon		_	MPRIL 1,1951	last bit inday)	3 Days Hours Min.		
10	A. USUAL OC	CUPATION (Give kinds	108. KINE	OF BUSINESS O	R	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF		
OI M	CONSTRUCT CONTRACTOR	of working life, even if retired	1	INDUS	IRY	R. ITTER WO May	land	WHAT COUNTRY		
13	. FATHER'S N	NAME	1			14. MOTHER'S MAIDEN NA	MF			
-	51	72 /				11 1 7 11		1/		
1	chasen	DLUC				Helen B. Man	17			
15 Yes	. WAS DECEASE	ED EVER IN U.S. ARME (If yes, give war or dat		16. SOCIAL SECURITY N	10.	17. INFORMANT		ADDRESS		
				0200111111		Ichnson BLE	12 4908 (7	eretis Avo.		
	18. / 4	4		CALL	SE O	F DEATH	7700	INTERVAL BETWEEN		
- 1	7	9 - 1		CAU	JE U	PEATH		ONSET AND DEATH		
1	DISEAS	SE OR CONDITION LEADING TO DEA		Tod	- ona	titial mnonmonia				
1	(This does not mean the mode of dying, e.g., (A)									
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
1	ANTECEDENT CALICES									
-1	ANTECEDENT CAUSES  Bilateral otitis media									
ζĺ		S OR CONDITIONS,			• • • • • • • • • • • • • • • • • • • •	***************************************	*******************************			
إ}	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
				(C)		***************************************				
<u>-</u>		11								
		IGNIFICANT COND								
4		TO THE DEATH, BUT								
ן כ				FINDINGS OF C	PERA	TION		20. AUTOPSY?		
اد		3/						YES X NO		
<	21a FYTERN	NAL CAUSE WAS	218. PLA	CE OF INJURY (	g, in c	or   21c. WHERE DID (If	in Baltimore City.	give exact location)		
$\{  $	UNDERLYING	G OR CONTRIB		arm, factory, street, office l						
<u> </u>		AUSE OF DEATH								
Σ	210. TIME ( OF INJURY	Month) (Day) (Year		21E. INJURY OCCI		21F. HOW DID INJURY	OCCUR?			
			m.	WHILE AT NOT W						
	22. I certit	fy that I took cha	rae of the	remaine describ	od ah	ove held an A	utopsy	thereon and from		
1		g that I took tha	rye of the	remains deserto	eu uo	000, 10000 010	aspection or Inquiry	increon and from		
1						quiry, find that said dec	ceased died on t	the day stated above,		
	ana de	ath in my opinion	resulted f	rom: <u>natural ca</u>	uses	🗷, accident 🗌, suicide [	, homicide ,	undetermined [].		
1	23A. SIGNAT	TURE //	1			238. CHIEF MEDICAL E. ASSISTANT MEDICAL E.				
	MINE	lean ( All				MEDICAL INVESTIGATO		July 14, 1951		
24	A. BURIAL. C	REMA- 24B. DATE	Q:	24c. NAME OF CEM	ETER	OR CREMATORY 240. LO	CATION (City, town	n, or county) (State)		
	Buriel	July	6-1951	Laudan Fo	The .	Cometery Bill	more	191		
DA	TE RECEIVED	BY   REGISTRAR	SSIGNATU	RE	112	5. FUNERAL DIRECTOR	111016	ADDRESS		
LO	CAL REGISTI	RAR	( W/1	LAND MA	11	you poo	- 12m /1/1)	0 40 872 0		
	JULIO	1951 Lutter,	MALLIN		XI	Misen Och In	-12/41/au	1 st wall / st		
V	S 151	1	The state of the s	PART MARGAS				11.1- 1		
			District And A	100000				1146		



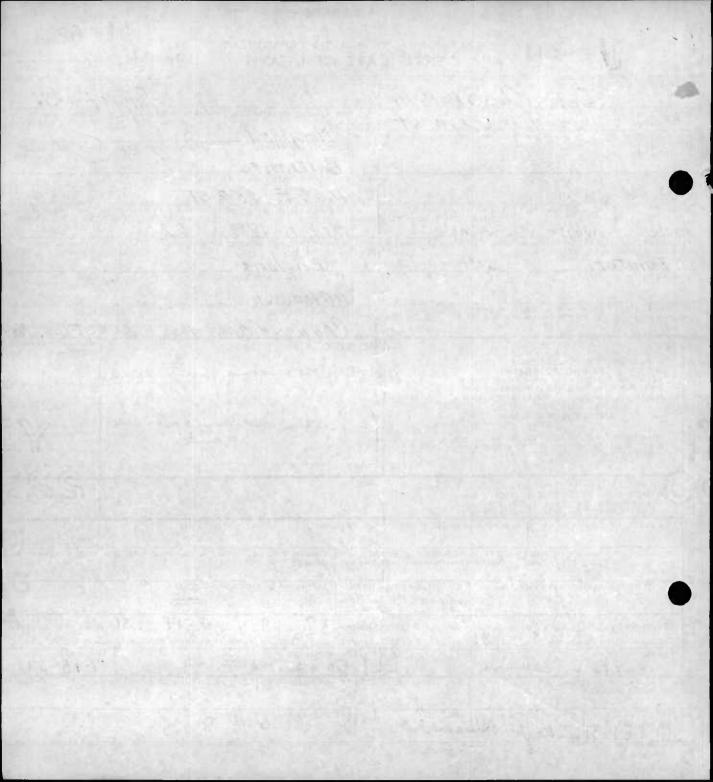
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6202 Registered No.

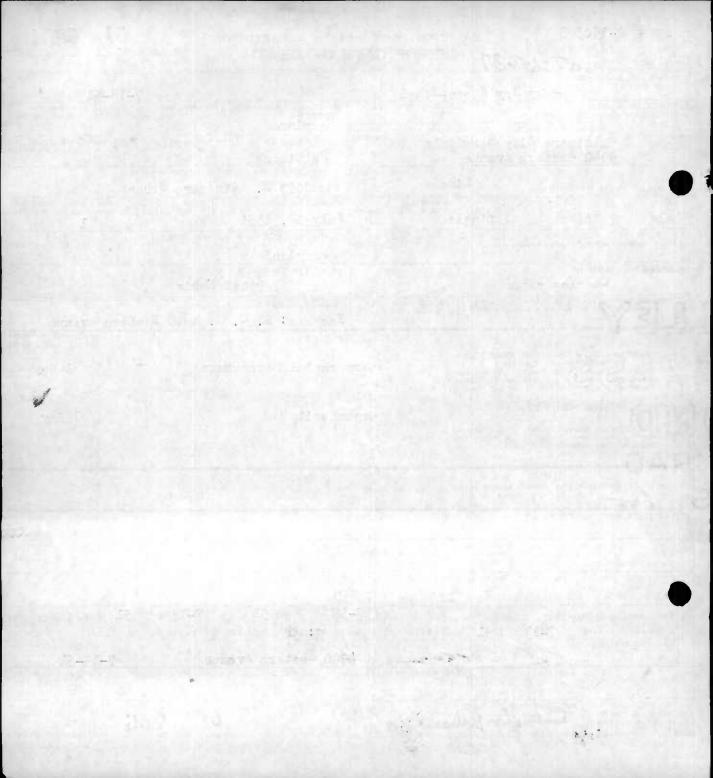
BIRTH NO 1. NAME OF DEGRASED 2 DATE (Type or Print) OF DEATH . 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. Af institution: residence B. COUNTY A. Baltimore City, Maryland 191 beform admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside comprate limits, white RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 8. DATE OF 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years II Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Jec - 4-184 maT2-180 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CAT TEPAIRMAN plorado 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or uakaowa) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uakaowa) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from July 4 195/, to\_> , 1957, that I last saw the , 1951, and that death occurred at 4 deceased alive on July 12 \_m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR - THE PROPERTY OF THE PARTY OF VS 150



Œ	506 ENORTH AVA	Betw	
¢	7-65 51 COOR BALTIMORE CITY H	EALTH DEPARTMENT	51 6203
	CERTIFICAT		egistered No.
J	BIRTH NO.  1. NAME OF DECEASED	2, DA1	TE >
	(Type or Print) James O. Skellern	OF DEA	TH /11/11-14-1931
1	s. PLACE OF DEATH:  A. Baltimore City, Maryland/658 E 25th. 5t		eased lived If institution; residence COUNTY before admission
II	B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR INSTITUTION		orporate limits, write RURAL and give
	INSTITUTION	Baltimore	8 downship
	Yrs. Mos.	D. STREET ADDRESS (If rural, give	e location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE	(In years If Under I Yaur   If Under 24 Hours
	male white Single	May 10 1889 6	birthday) Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jan Thrs. R. eiern	unknown	
	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	116-03- 9833 118. //16 V	Charles H.Miller-163	18 E. 25 ST-Balle Ma
	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease,	the corner has	Mice a
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	motic arterios	eluste
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	heat	***************************************
	(c)	***************************************	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)		
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., LYING OR CONTRIBUTING about home, farm, factory, street, office bide.	in or   21c. WHERE DID (If in Balt	imore City, give exact location)
.	CAUSE OF DEATH	,otc.) INJURY OCCUR?	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF		27
	m. WHILE AT NOT WHILE AT WORK	77 119 11.0	1 1051 11 11 11
	22. I hereby certify that I attended the deceased from deceased alive on 195, and that death oreu	erred at A. m., from the eduse	4 , 1951, that I last saw the as and on the date stated above.
		50 6 E hote an	23c. DATE SIGNED 7-15-51
	24a. BU JAL. CREMA-V24B. DATE TION, REMOVAL (Specify)  24c. NAME OF CEMETI		(City, town, or county) (State)
	13 1/16/11 WITH	ann Balt.	o Ma
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
	VS 150	I wo son	ne
	56	424	930



3	5 OREA I	50308			EALTH DEPARTMENT E OF DEATH	5. Registered N	1 6204		
1.	NAME OF DEC		oy Stor	ne_Ethel		2. DATE OF DEATH 7-13	<u>-</u> 51		
A.	Baltimore Cit	TH: cy, Maryland	al or institut	on give street address on		Where deceased lived, If i	nstitution: residence before admission)		
11	ISTITUTION BE	altimore Cit 040 Eastern	y Hospi Avenue	tals location)	C. CITY OR TOWN (If outside corporate limit), write RURAL and give township)				
ength of stay in Baltimore  Life Mos. Days  5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED					2013 E. Balt	imore Street	Under   Year   If Under 24 Hours		
Male White SIDOWED DIVORCED (Specify)				ED, DIVORCED (Specify)	July 12, 1951  11. BIRTHPLACE (State or f	last birthday) Mor	ths Days Houra Min.		
WOF	done during most of w	orking life, even if retired)		INDUSTRY	Maryland 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY		
15		harles Ston		16 600141	Ethel				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or detea of service) 16. SOCIAL SECURITY NO.				SECURITY NO.	Records: B. C. H		n Avenue		
L CERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  CAUSE OF DEATH  (A)  Intracranial Hemorrhage  (B)  Prematurity  DUE TO								
	OTHER SIG	II NIFICANT CONDITION LAST OF CONDITION OPERATION 15	TIONS CON NOT RELATE CAUSING IT	(C)	ATION		20. AUTOPSY?		
MEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Chouse of the contribution of the cont								
	FINJURY	onth) (Day) (Year)	m. W	HILE AT NOT WHILE WORK AT WORK					
holio II + A									
TIC	A. BURIAL, CRE N, REMOVAL (Spec ATE RECEIVED E DCAL REGISTRA  1 6 195	TILL TO THE STARTS	s signatu		25. FUNERAL DIRECTOR	OCATION (City, town, o			
	VS 150		の意思を	Tar Maria			160a		



## BALTIMORE CITY HEALTH DEPARTMENT

D1	CERTIFICATE OF DEATH  Registered No							
1.	NAME OF D		om T	Covington		2. DATE OF Task	7 1051	
	PLACE OF D		edia o	COATUS COU	4. USUAL RESIDENCE (V	DEATH July 1 Where deceased lived. If ins B. COUNTY		
B. HC	FULL NAME OSPITAL OR STITUTION			on, give street address or location)  Ave.	Maryland c. CITY OR TOWN (If Baltimore	outside forporate il bits, w	vrite RURAL and give township)	
-		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 1234 Druifi H	ill Ave.		
	ale	6.COLOR OR RACE Colored		MARRIED, ED, DIVORCED (Specify)	April 23,1894	last birthday)   Month	ler   Yeer   H Under 24 Hours   Hours   Min.	
10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired)  Minister					11. BIRTHPLACE (State or f		WHAT COUNTRY?	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N			
		avid Coving			Unknown			
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS	
L CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's s not mean the mode core, asthenia, etc. It mes complication which complication which complication which complication which complication which complication which complication the above cause (a) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	FH f dying, e. g f dying, e. g f dying, e. g saused death.  SES  F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING IT	DUE TO (C)	M's Mary E. Co OF DEATH is Vascular &		INTERVAL BETWEEN ONSET AND DEATH OMAS,	
EDICAL		DENT WAS UNDER-	If in Baltimore City, give	YES NO E				
MED	ID. TIME FINJURY	(Month) (Day) (Year	(Hour) m.	and that death occur	ED 21F. HOW DID INJUR	the causes and on the	date stated above. 23c. DATE SIGNED	
TI	4A. BURIAL, ON REMOVAL ( Burial	CREMA- 24B DATE Specify) 7-17-5		Mt. Auburn		timore,	Md.	
	ATE RECEIVE DCAL REGIS	TRAR	SSIGNATI	Miams, Male	MOTICAL DESCRIPTION	To Heusle	DDRESS Siddle St	
-	VS 150	5 1951	~10/karlo	OL OL	598W	1310 5	3 11 - 3	

Paralle Mill. See 18 22 0 MOVEM RESIDENCE TO THE TOTAL Mini All the control of the All ASSESSED TO THE PERSON OF THE 

# BALTIMORE CITY HEALTH DEPARTMENT

51 6206

В	CERTIFICATE OF DEATH Registered No.							
1.	NAME OF E	DECEASED				2. DATE		
(T	ype or Print)		MAMIE	HILL		DEATH Jul	y 12,1951	
	PLACE OF E	City, Maryland			4. USUAL RESIDENC	E (Where deceased lived. B. COUNTY	If institution: residence before admission)	
	FULL NAME		tal or institut	ion, give street address or		B. COUNTY	before admission)	
	STITUTION			location)	c. CITY OR TOWN	(If outside corporate in	nits write RURAL and give	
1	(1)	2101 Col	dsprin	g Lane	Baltimo:	re L/	township)	
				Yrs. Mos.		(If rural, give location)		
		stay in Baltimore		Days		pring Lane.		
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH	9. AGE (ln years last birthday)	If Under 1 Year   If Under 24 Hours   Months   Days   Hours   Min.	
	emale	Colored	Wid		Nev. 14, 18	77 73		
Mori	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Domest				Maryland		U. S. A	
13	. FATHER'S				14. MOTHER'S MAIDE	N NAME		
	Unkno				Mamie Sine	lair		
(Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
					Mrs Laura H	ill 719 Dolp	hin St.	
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY		+ 0 -	01.	about 10-	
	(This doe	s not mean the mode	of dying, e. g	E., (A) LICE	re Colonar	y deelwar	on minutes	
	injury or	ure, asthenia, etc. It mes eomplication which	eaused death	e, a.) DUE TO	1			
		ANTECEDENT CAUS	SES	0+	-· 0 d1	+		
Z				(B) UNG	was Hyp	mension		
8	RISE TO T	S OR CONDITIONS, I	STATING TH	HE DUE TO	//			
CA	UNDERL	YING CONDITION LA	AST.	(c) (N)	terrosele	ionis		
FIC					1			
RTI	OTHER S	SIGNIFICANT COND	ITIONS CON	4-				
CEI		G TO THE DEATH, BUT						
1		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		FINDINGS OF OPER	RATION		20. AUTOPSY?	
CAI	n	one					YES NO	
DIC		DENT WAS UNDER.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)	
ME	CAUSE OF							
	1D. TIME F INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?		
	11.00111		m.	WHILE AT NOT WHILE				
	22. I herel	by certify that I at	tended the	deceased from	pt. 22, 1950, to	July 12 , 19:	51, that I last saw the	
	deceased a					// /	the date stated above.	
	23A. SIGNA	TURE	,,		38. ADDRESS	1 1 1	23c. DATE SIGNED	
	( -	M. Law	rene	- M.D. /	033 W. Lai	wale st.	July 13, 195	
	AA. BURIAL, ON, REMOVAL (			24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, tow	n, or count) (State)	
2	urial	7-16-	51	Mt. Auburn (	Cem I	Baltimore. M	d.	
	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	JRE	25. FUNERAL DIRECT		ADDRESS	
	JULT	6 1951 Luita,	eter 144	Market, Mills	Mattrau	us U. Nem	sleet	
			TEST .					

VS 150

7208A

94a W/Biddle St.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) WILBUR GARLIC OF July 13, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY of not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corperate limits write RURAL and give INSTITUTION township) University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 500 Oxford Street 6. COLOR OR RACE SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Sade) | Year | If Under 24 Hours last birthday) | Months Days Hours Min. Colored Sept. 26,1947 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. F. Thomas Mary L. Sarlic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. M's Mary Barlie 500 Oxford St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Crushing injuries of head heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE DR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI UTING [] CAUSE OF DEATH Street 500 block of Oxford Street 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE Struck by truck 9:15 WORK 22. I certify that I took charge of the remains described above, held an \_\_\_\_Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER .... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) Mt. Auburn 7-16-51 Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR 578 W. Middle St. LOCAL REGISTRAR V S 151 The state of the s

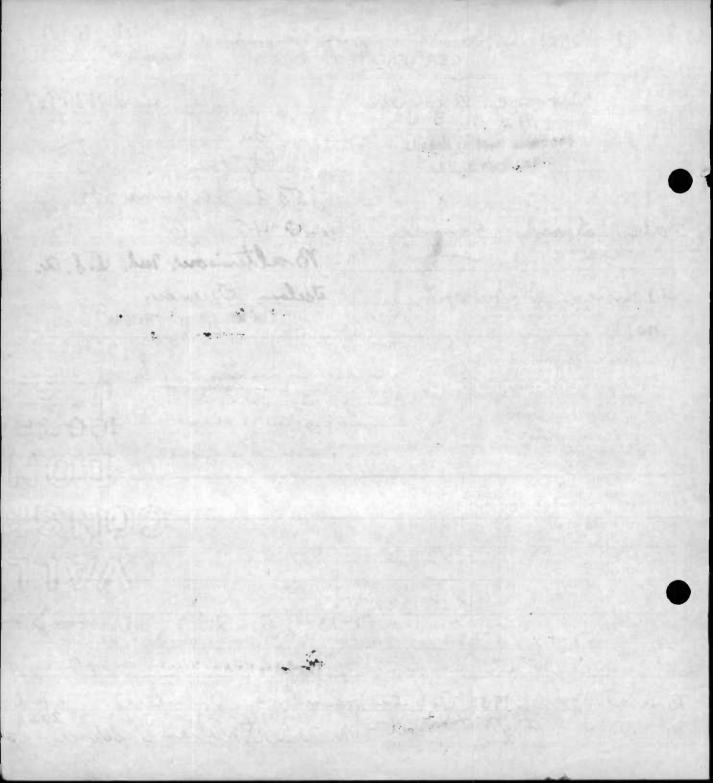
THE PART HERE DE

Med Edacus. Case	
Released to La FALTIMORE CITY HEALTH DEPARTMENT	54 0000
BIRTH NO. 51 6208 CERTIFICATE OF DEATH Reg	gistered No. 6208
1. NAME OF DECEASED MICHAEL MALINARE OF DEATH (Type or Print)  2. DATE OF DEATH	Quel 12 /95/
3. PLACE OF DEATH: 4. USUAL RESUMENCE (Where decea	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  C. CLEYOR TOWN (If outside corp.)	porate limits, write KURL and give
HOSPITAL OR INSTITUTION C. CLED R TOWN (If outside eorg	Q Ownship)
c. Length of stay in Baltimore 33 Yrs. D. STREET ADDRESS Offural, give I	ofition), day Of
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (	In years   H Under   Wood   H Under 24 Hours thday)   Months; Days   Hours   Min.
male while Vience 1-8-18 3	3 /
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign count INDUSTRY)	WHAT, COUNTRY?
13. FATHER'S NAME	V.J.C.
Nuples M alensta Helen Hundred	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  2/3-07-3064  17. INFORMANT  2/3-07-3064	ADDRESS OSMIL
18. 307 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE! AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)	
injury or complication which caused death.) DUE TO	
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	n 34wa
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	ROVED BY
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ROVED BY
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ROVED BY
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ROVED BY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	M. D. EXAMINER.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	M. D. EXAMINER.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  1DUE TO  CERTIFICATION APPLICATION APPLICATION  CHIEF OR ASST. MEDICAL INJURY (e.g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  1NJURY OCCUR?	M. D. EXAMINER.  20. AUTOPSYT YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?	M. D. EXAMINER.  20. AUTOPSYT YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	M. D. EXAMINER.  20. AUTOPSYT YES NO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  10 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  21A. In the contribution of the death of the deceased from the contribution of the deceased from the deceased from the contribution of the deceased from the contribution of the deceased from the	EXAMINER.  20. AUTOPSYTY YES NO DOOR City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  19A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR?  22A. I hereby certify that I attended the deceased from AT WORK AT WOR	M. D. EXAMINER.  20. AUTOPSY7 YES NO Once City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	EXAMINER.  20. AUTOPSYTY YES NO DOOR City, give exact location)  1957, that I last saw the and on the date stated above.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYINGE OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? INJURY  22. I hereby certify that I attended the deceased from work at wo	EXAMINER.  20. AUTOPSYTY YES NO DOOR City, give exact location)  195, that I last saw the and on the date stated above.  23c. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	EXAMINER.  20. AUTOPSYTY YES NO DOOR City, give exact location)  195, that I last saw the and on the date stated above.  23c. DATE SIGNED

course constal 1.1.1 smill milded a smill to be County & Laco

### BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.	E OF DEATH Registered No.
	NAME OF DECEASED  Ope or Print)  Opening  Openin	2. DATE OF DEATH () AND W 13195)
	PLACE OF DEATH: Baltimore City, Maryland HL H 3 W	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HC	FULL NAME OF (If set in toupital or institution, give street address or SPITAL OR location) in the set of the	c. CITY OR TOWN (If outside corporate limits, write kull Al and give
	Beitinere 5, Md.	Battmane 16 township)
C.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min.
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF AUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work	done during most of working life, even if retired) INDUSTRY	Baltinion, and WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	WAS DEGEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANTA A ADDRESS
(Yes	no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT IN Johns Hopkins Hospita
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH SHIMOTE 5, MIT INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	g. sportie
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,  (C)	insupplely 6-yr.
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give exact location)
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY  MHILE AT WORK NOT WHILE AT WORK	ED 21F, HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from	-13 , 1917, to 7-13 , 1957, that I last saw the
	deceased alive on - 13, 19, and that death occur	
	Frederica R. America	38. ADDRESS   23C. DATE SIGNED
Z4 TIC	A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE REMOVAL (Specify)  17, 1951 Oulutus?	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322/



51 6210 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If potside corporate limits, write RUKAL and give INSTITUTION MINS HOPEINS HOSPITA Yrs. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years) It Suder I Year WIDOWED, DIVORCED (Special last birthday) Months Days Hours: Min. 12. CITIZEN OF work done during most of working life, even if retired) LNDUSTRY WHAT COUNTRY? 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, givo war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT NOT WHILE!

22. I hereby eertify that I attended the deceased from deceased alive on / 23A. SIGNATURE

... 1951, and that death occurred at

24A. BURIAL. CREMA-TION. DEMOVAL (Speaify)

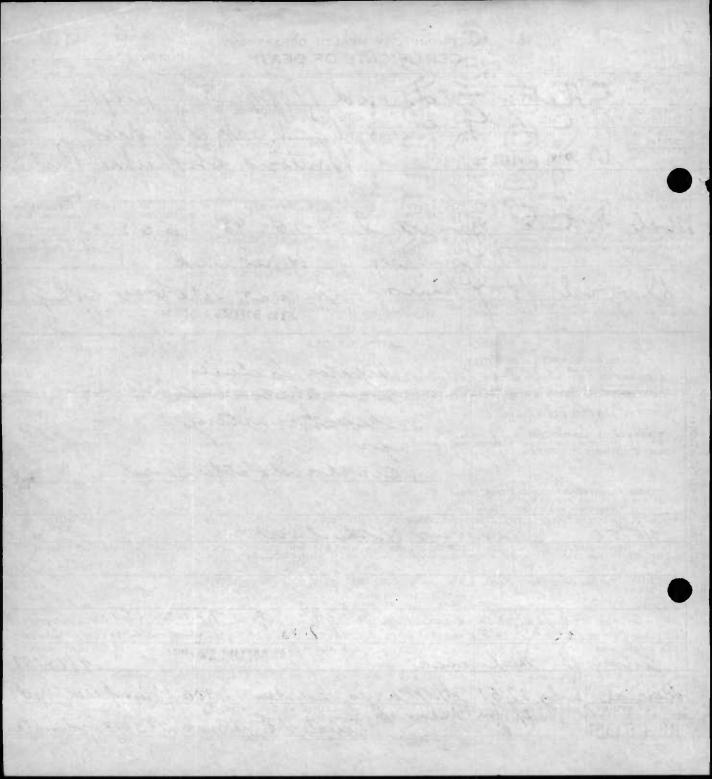
Hemoden 25. FUNERAL DIRECTOR)

21F. HOW DID INJURY OCCUR?

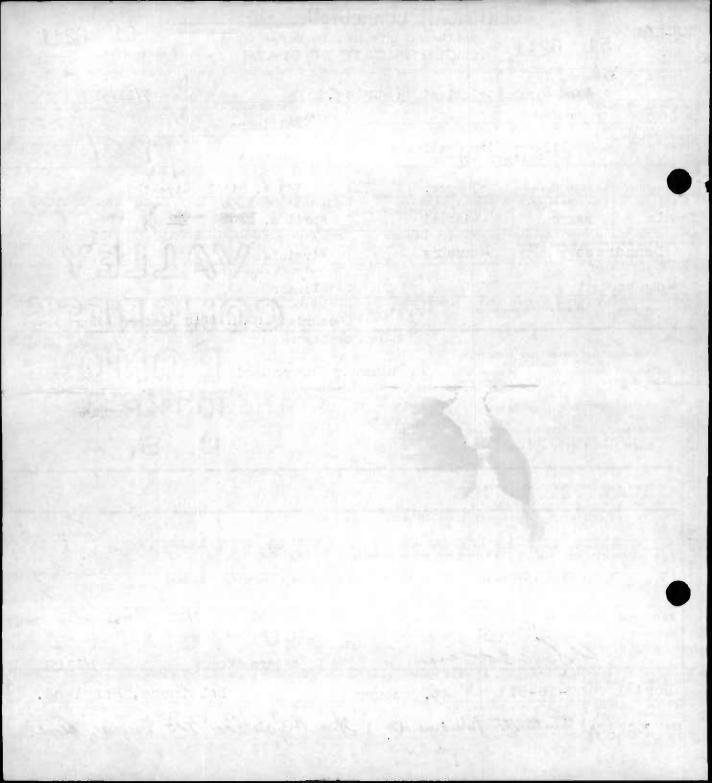
m. from the eauses and on the date stated above.

23B. ADDR

23c. DATE SIGNED



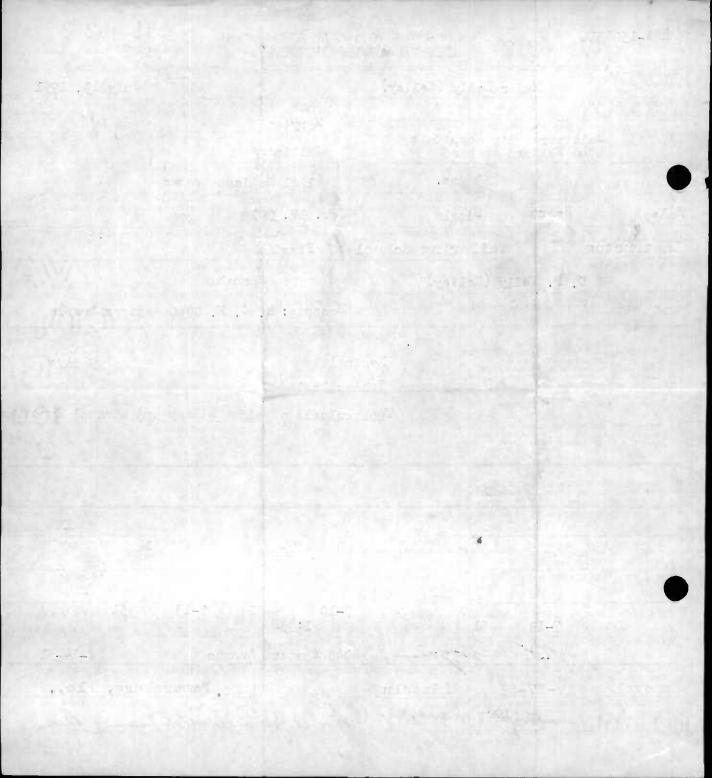
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sarah Strickland (Stricklin) DEATH 7/11/51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE altimore A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside cornorate limits, write RURAL and give Baltimore City Hospitals INSTITUTION township) 4940 Eastern Avenue Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos 523 W. Biddle Street ength of stay in Baltimore 30 yrs. Davs 8. DATE OF BIRTH 896 9. AGE (In years 6. COLOR OR RACE | 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) female April 6, 1909 negro widowed MA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laundry Laundress Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Beckett Eleanor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records: B.C.H. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., 25 years heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA NO YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! WORK 1949. to 4/4 7/11 , 19 5] that I last saw the 22. I hereby certify that I attended the deceased from\_ 7/11.1951. and that death occurred at 11:15PM, from the causes and on the date stated above. deceased alive on\_\_\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 7 - 16 - 51Baltimore, Maryland. Mt. Auburn DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 

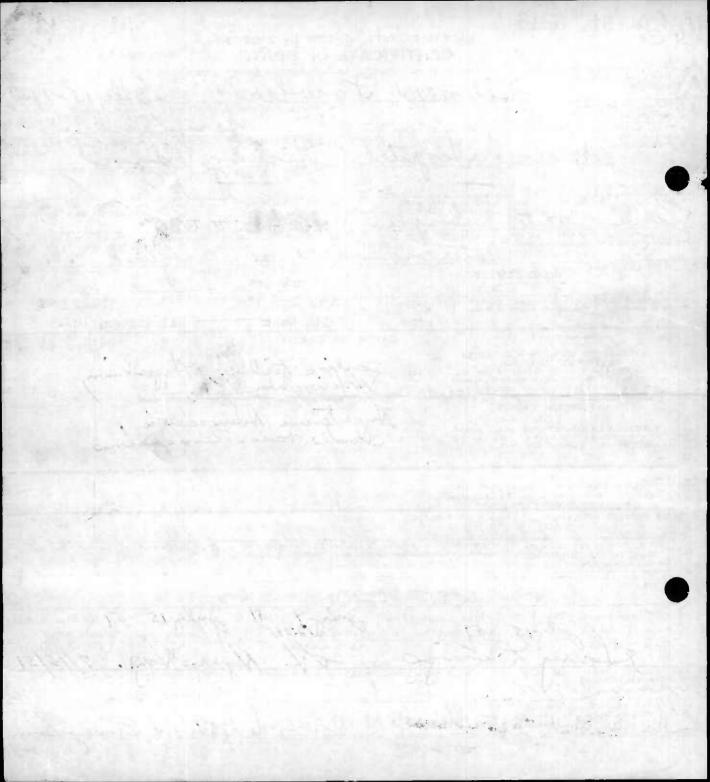


51 6212

BIRTH NO.	51 621		TIMORE CITY HI			egistered No.	1010
1. NAME OF D (Type or Print)		on Kolls	y (Kelley)		2. DAT		12 1041
3. PLACE OF D		or werr	A (merrel)	4. USUAL RESID	DEACE (Where dece	TH ULLY	13, 1951 stitution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		ity Hos	on, give street address or ptials location)		N (If outside co	LA	write RURAL and give township)
Cength of s	stay in Baltimore	3 y:	Yrs. Mos. Days		RESS (If rural, giv., dison Avenu		
5. SEX Male	6.COLOR DR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	Nov. 17, 19	1. 4 5	(In years     Und birthday)   Month	der Year II Under 24 Hours hs Days Hours Min.
10A. USUAL OC ForLdone during most INSTRUC	CCUPATION (Give kind of of working life, even if retired)		of BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign cou	ntry)   12	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	C. P. Kel			14. MOTHER'S M.	aiden name		
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: B.	С. Н. 4940	Eastern	RESS Avenue
DISEASE: RISE TO T UNDERLY	LEADING TO DEAT s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, III THE ABDVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the disease aused death. SES F ANY, GIVIN STATING TH	DUE TO Tube	PERMIT AND	light Kidner	r and adre	9 days
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			YES ND
	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			imore City, give	e exact location)
2 1D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUP		
22. I hereb	y certify that I att live on 7-13	ended the	deceased fromand that death occur	7-10 19 5 rred at 1:45P m	1, to 7-13 ., from the cause	, 19 <mark>51</mark> , t	that I last saw the date stated above.
23A. SIGNA	1.6.	Ch	м. р. 4	38. ADDRESS 940 Eastern			7-14-51
Removal (S	7-17-5		4c. NAME OF CEMETE Lincoln	RY DR CREMATORY		rsburg,	county) (State)
LOCAL REGIST	DAD	S SIGNATURE	rame, MA ()	Hrv. a. Jac	Ken 91	5 Pena	DDRESS Lee
VC 1EO	20.000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	1/			

0938V



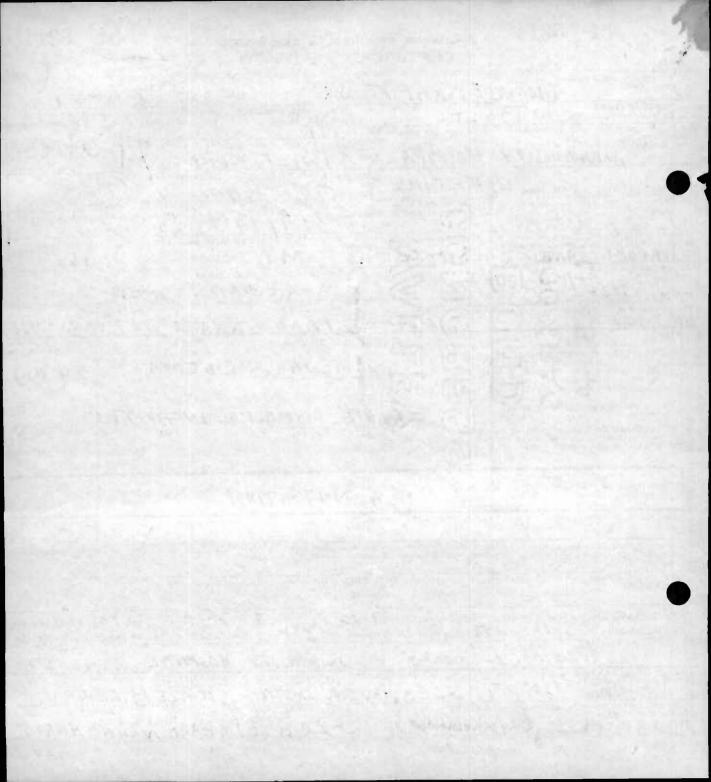


VS 150

A CONTRACTOR OF THE PROPERTY O

6903Z

94a .

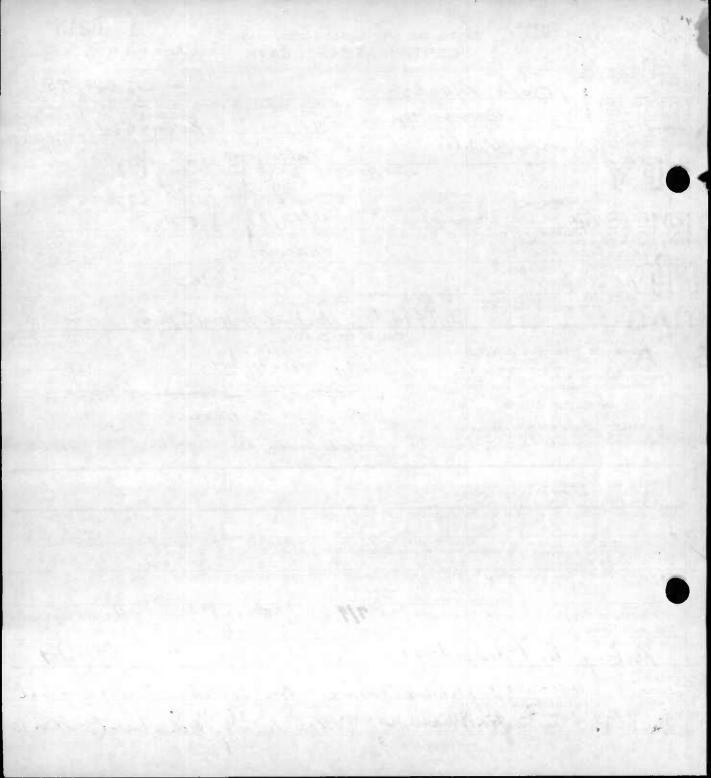


VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6215

Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE (If not in hospital or institution give street address or B. FULL NAME OF Ba/timore HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION reasity Hospila. Yrs. o. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore rerce Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. tende MATRICE 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Loase wife. U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL ADDRESS\_ 824 herce INTERVAL BETWEEN 18. CAUSE OF DEATH 204,3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., espiratory facture 2A nun (A) . heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK . 1957, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on July 14 1931, and that death occurred at \_m., from the causes and on the date stated above. 23C, DATE SIGNED Hebruy 24A. BURIAL, CREM 24D. LOCATION (City, town, or county) Bural DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 166/8



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED DATE (Type or Print) M. SCHANZE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 11 cot7 Yrs. (If rural give location) o. STREET ADDRESS Mes. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) If Under 1 Year AGE (In years Months Days Hours Min. last birthday) Married 23/902 10A. USUAL OCCUPATION (Give Lind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work me during most of working life, even if fetired) NDUSTR WHAT COUNTRY useun 13 PATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or npknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Congestive Heart failure LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Congestive Heart failure.

(B)

OUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21E. INJURY OCCURRED

24C. NAME OF CEMETERY OR

21A. ACCIDENT. SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or laboration)
21C. WHERE DID (If in Baltimore City, give exact location)
about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

m. WHILE AT NOT WHILE 1

22. I hereby certify that I attended the deceased from Vuly 13, 1951, to July 14, that I last saw the deceased alive on July 14, 19 17, and that death occurred at 8:40 ?m., from the causes and on the date stated above.

deceased alive on July 19, 19 17, and that death occurred at 1.40 P.m., from the causes and on the date stated above
23A. SIGNATURE
23B. ADDRESS
23C. DATE SIGNED
M. O. Maryled Street House

DATE RECEIVED BY HEISTERS'S STENDING BOND Park Contry Baltimore, Maryland 25. FUNERAL GREGIOR ADDRESS

Gaston Sond; Catonsville 28, Md

21F. HOW DID INJURY OCCUR?

F INJURY

ZAA. BURIAL, CREMA

210. TIME (Month) (Day) (Year) (Hour)

24B. DATE

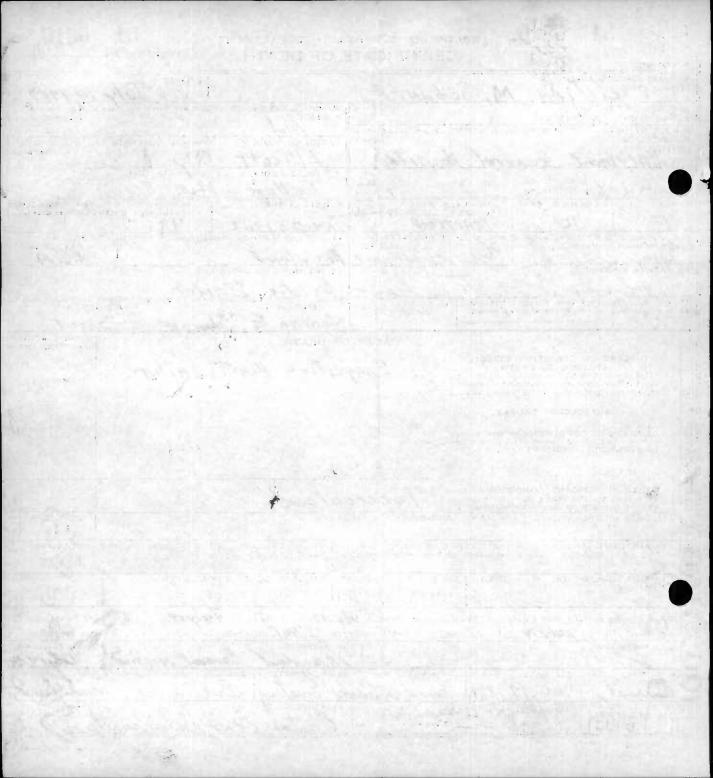
RTIFICATION

ш

CA

ED

20. AUTOPSY?



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6217

4 14444					
(Type or Print)	DECEASED			2. DATE.	
		erick George Delc			y13,1951
A. Baltimore	City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If i	nstitution: residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution, give street address or location		100	177
INSTITUTION	1840	N. Collington Ave	Baltin	outside corporate limits	write RAL and give township
		Yrs.	D. STREET ADDRESS (If		
ength of s	stay in Baltimore	Life Mos.		N. Collingt	on Ave
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
M	W	WIOWED DIVORCED (Specify	Feb. 1,1889	162 irthday) Mor	ths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
	Room Clerk.	Gas & Electro Cory	Baltimore Mo	1.	U.S. A
13. FATHER'S			14. MOTHER'S MAIDEN N.		
	vard Delche:		Sophia Ber	rnthuesel	
(Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT 18	ON Collings	bens Ave
no		212*05-7060	Mrs. Aretta	Schneider	
18.	-4 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	TH AA m	- 10	1400 0	ONSET AND DEATH
(This does	s not mean the mode oure, asthenia, etc. It mea		comma of ho	lake yourd	6 hunts
injury or	complication which c	ns the disease, aused death.) DUE TO	& Univary E	Habder	e rucite
	ANTECEDENT CAUS	ES O		0	
		1 0	100		
Z DISEASE	S OR CONDITIONS, I	ANY, GIVING	recuping of	Cection	Lyeas
DISEASE RISE TO T UNDERLY	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE OUE TO	a colon	Cection	eyeas
UNDERLY	HE ABOVE CAUSE (A)	STATING THE OUE TO	a Colons	Caction	iyeas
<u> </u>	HE ABOVE CAUSE (A) YING CONDITION LA	STATING THE OUE TO ST. (C)	reusing of	Cocton	iyeas
OTHER S	HE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI	TIONS CON-	#P 0	celon	ayears
OTHER S TRIBUTING TO THE O	HE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDIT S TO THE OEATH, BUT ISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	y Flora Pr.	Cocton	1 years
OTHER S TRIBUTING TO THE O	HE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDIT S TO THE OEATH, BUT ISEASE OR CONDITION	TIONS CON-	y Flora Pr.	Colon Colon	Lyeas 24eas
OTHER STRIBUTING TO THE O	II BIGNIFICANT CONDITION TO THE OEATH, BUT USEASE OR CONDITION OF OPERATION	TIONS CON- NOT RELATED CAUSING IT.  98 MAJOR FINDINGS OF OPER	y Flora Pr.	Colow f in Baltimore City, gi	YES NO
OTHER STRIBUTION TO THE O	II SIGNIFICANT CONDITION STOTHE OF OPERATION STOTHE O	TIONS CON- NOT RELATED CAUSING IT.  98 MAJOR FINDINGS OF OPER	y Flora Pr.	Colow f in Baltimore City, gi	YES NO
OTHER STRIBUTING TO THE OF LAUSE OF 21D. TIME	II SIGNIFICANT CONDITION STOTHE OF OPERATION STOTHE O	TIONS CON- NOT RELATED CAUSING IT.  9B MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (12., i about home, farm, factory, atreet, office bidg., (12.)	Throw Processing Throw		YES NO
OTHER STRIBUTING TO THE OTHER OF  19 DATE OF  21A. ACCID LYING OF  CAUSE OF	II SIGNIFICANT CONDITION S TO THE CEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF TWAS UNDER- R CONTRIBUTING DEATH	TIONS CON- NOT RELATED CAUSING IT.  PB MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (12) about bome, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE	Throw Property of the Control of the		YES NO
OTHER STRIBUTION TO THE OTHER OF THE OTHER O	HE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE OEATH, BUT USEASE OR CONDITION OF OPERATION OF OPERATION OF THE OEATH (Month) (Day) (Year)  We certiful that I att	TIONS CON- NOT RELATED CAUSING IT.  95 MAJOR FINDINGS OF OPER  218. PLACE OF INJURY (Fg., i about home, farm, factory, street, office bidg., (Hour)  218. INJURY OCCURR WHILE AT NOT WHILE AT WORK  M. WHILE AT NOT WHILE AT WORK  ended the deceased from	Throw G.  RADN L. Aud  B of 21c. WHERE DID (I INJURY OCCUR?  ED 21f. HOW DID INJURY	OCCUR?	ve exact location)
OTHER STRIBUTION TO THE OUT OF THE OUT	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH  (Month) (Day) (Year)  y certify that I att	TIONS CON- NOT RELATED CAUSING IT.  95 MAJOR FINDINGS OF OPER  218. PLACE OF INJURY (Fg., i about home, farm, factory, street, office bidg., (Hour)  218. INJURY OCCURR WHILE AT NOT WHILE AT WORK  M. WHILE AT NOT WHILE AT WORK  ended the deceased from	Throw A.  2 1c. WHERE DID (Injury OCCUR?  ED 21f. HOW DID INJURY	OCCUR?	ve exact location)  that I last saw the
OTHER STRIBUTING TO THE OUT TO TH	SIGNIFICANT CONDITION LA STORM TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year)  19 certify that I att	TIONS CON- NOT RELATED CAUSING IT.  9B MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (18 i about home, farm, factory, street, office bidg., (19 i work)  (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ended the deceased from 195 and that death occur	Throw Production of the port o	occurr 1957, 1957, the causes and on the	ve exact location)  that I last saw the
OTHER STRIBUTING TO THE OF  19 DATE OF  21A. ACCIE LYING OF  CAUSE OF  21D. TIME FINJURY  22. I hereb deceased a  23A. SCHA	II SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERA	TIONS CON- NOT RELATED CAUSING IT.  9B MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (re., i about home, farm, factory, atreet, office bldg., of the control o	Throw G.  21c. WHERE DID (Injury occur?  ED 21f. HOW DID INJURY  Pred at 755 Pm., fram til  38. ADDRESS C. f. h.	occurr Lly 13., 1957, the causes and on the	that I last saw the e date stated above.
OTHER STRIBUTION TO THE OUT OF THE OUT	II SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION SO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF OPERATION DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  If eertify that I att live on the condition OF OPERATION OF OPERAT	TIONS CON- NOT RELATED CAUSING IT.  9B MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (18 i about home, farm, factory, street, office bidg.,	Throw G.  RADN L.  B. OF 21C. WHERE DID (1) INJURY OCCUR?  ED 21F. HOW DID INJURY  Pred at 755 Pm., fram the  13B. ADDRESS C. A.  RY OR CREMATORY 240. LO	r OCCUR?  Ly 13., 1957, the causes and on the orth Ne	that I last saw the e date stated above.
OTHER STRIBUTION OTHER STRIBUTION TO THE OF 19 DATE OF 21A. ACCIE LYING OF CAUSE OF 21A. TIME FINJURY 22. I hereb deceased an 23A. SONA 24A. BURIAL, OF BURIAL DATE RECEIVE	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH  (Month) (Day) (Year)  We certify that I att live on the condition of the	TIONS CON- NOT RELATED CAUSING IT.  95 MAJOR FINDINGS OF OPER  218. PLACE OF INJURY (Arg., i about home, farm, factory, street, office bidg., the street of	Throw G.  RADN L.  B. OT 21C. WHERE DID (1) INJURY OCCUR?  ED 21F. HOW DID INJURY  LUR 21., 1947, to 9  Tred at 755 fm., frampti  38. ADDRESS A L.  RY OR CREMATORY 240. LO  mtery Bal	roccuri Ly 13., 1957, the causes and on the orth he ocation (City, town, quantum orthogonal) timore Md.	that I last saw the date stated above.  Control of the control of
OTHER STRIBUTION OTHER STRIBUTION TO THE OF 19 DATE OF 21A. ACCIE LYING OF CAUSE OF 21A. TIME FINJURY 22. I hereb deceased an 23A. SONA 24A. BURIAL, OF BURIAL DATE RECEIVE	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH  (Month) (Day) (Year)  We certify that I att live on the condition of the	TIONS CON- NOT RELATED CAUSING IT.  98 MAJOR FINDINGS OF OPER  218. PLACE OF INJURY (18., i about home, farm, factory, street, office bidg., (19.)  (Hour) 21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ended the deceased from 195 and that death occur  195 and that death occur  24c. I AME OF CEMETE PAIKWOOD CEI  SSIGNATHRE	Throw G.  RADN L.  B. OF 21C. WHERE DID (1) INJURY OCCUR?  ED 21F. HOW DID INJURY  TO ALL TO	the causes and on the orth Ne ocation (City, town, with the ocatio	that I last saw the e date stated above.
OTHER STRIBUTION TO THE OF  19 DATE OF  21A. ACCID LYING OF  21A. TIME FINJURY  22. I hereb deceased at 23A. SGNA  24A. BURIAL, TION, REMOVAL (S BURIAL)  DATE RECEIVE LOCAL REGIST	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION I DEATH (Month) (Day) (Year)  My certify that I att live on the condition of the condition o	TIONS CON- NOT RELATED CAUSING IT.  PB MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (12 i about home, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  ended the deceased from 12.  195 and that death occur  24c. I AME of CEMETE  PA. KWOOD CEI  5. SIGNATURE	Throw G.  RAPN L.  B. OF L.  B. ADDRESS C. F.  B. ADDRESS C. F	the causes and on the octh Ne ocation (City, town, quantum Md.	that I last saw the date stated above.  Control of the control of
OTHER STRIBUTION OTHER STRIBUTION TO THE OF 19 DATE OF 21A. ACCIE LYING OF CAUSE OF 21A. TIME FINJURY 22. I hereb deceased an 23A. SONA 24A. BURIAL, OF BURIAL DATE RECEIVE	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH  (Month) (Day) (Year)  We certify that I att live on the condition of the	TIONS CON- NOT RELATED CAUSING IT.  PB MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (re., i about home, farm, factory, street, office bldg., of the street o	Throw G.  RADN L.  B. OF 21C. WHERE DID (1) INJURY OCCUR?  ED 21F. HOW DID INJURY  TO ALL TO	the causes and on the octh Ne ocation (City, town, quantum Md.	that I last saw the date stated above.  Control of the control of

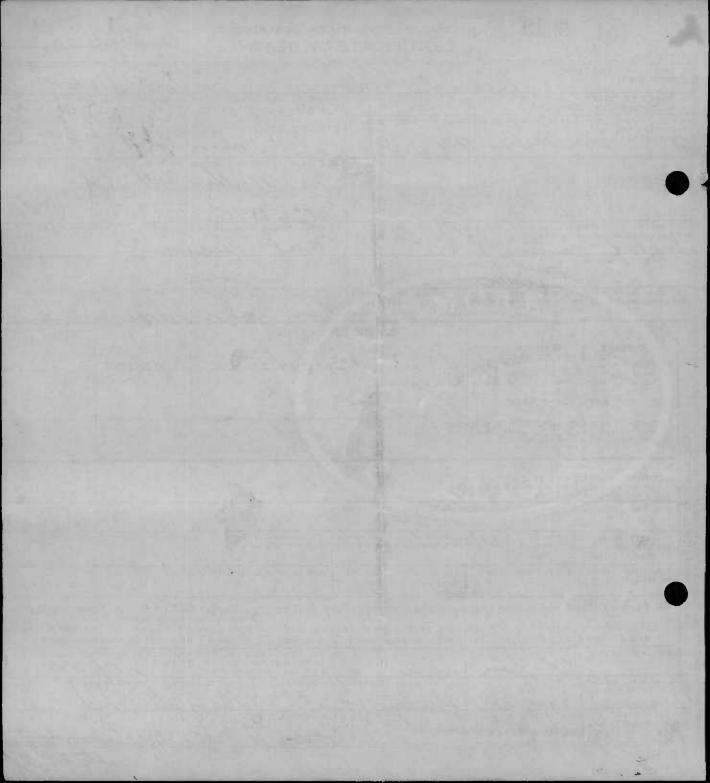
the second states of the second states and the first water of Better was ELET Correspond Flow Ball Sylven what are it is a morning of the tool 

## CERTIFICATE OF DEATH Registered No. 6218 BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.	0410		CERTII ICATI	L OI DEATH		
(1	NAME OF D ype or Print)	SISTER	DE CH	ANTAL DREWNAN		2. DATE OF DEATH JU	LY 13, 1951
	PLACE OF D	City, Maryland	Yes		4. USUAL RESIDENCE		
B. H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		tion, give street address or location)	Maryland		nits write RURAL and give
1	St	. Agnes Hospi	tal		Baltimore	65	cownstip
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	THE PARTY OF THE P	
	Femal •	6. COLOR OR RACE	Reli	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 7-25-1370	9. AGE (in years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
WOF.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Ralig	OF BUSINESS OR	Brooklyn, Ne		12. CITIZEN OF WHAT COUNTRY U.S. A
13	FATHER'S				14. MOTHER'S MAIDEN		
_		k Drannan			Marie Jones		
(Ye	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT St. Agnes Ho	spital	ADDRESS
ERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA III SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	aused death ES FANY, GIVIN STATING TH ST. TIONS COP	NG (B) Path	J Vente Cologie &	hucture	Failure - Kip
AL C				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING OF		about home,	ACE OF INJURY (c. g., in farm, factory, street, office bldg., c	to.) INJURY OCCUR?		, give exact location)
	OF INJURY	(Month) (Day) (Year)	, ,	WHILE AT NOT WHILE AT WORK	ED   21F, HOW DID INJU	JRY OCCUR?	
				and that death occur	red at 8 3 m., from		that I last saw the the date stated above
TIE B	NA. BURYAL (S	CREMA- 24B. DATE 7/16/	51	Cathedra	RY OR CREMATORY 24D	2/TIMORE	vn, or county) (State)
D'L	CAL REGIST	D BY REGISTRAR	S SIGNATU	IRE CANAL S	M. Faher & Son		OLK Rd.
	VS 150	1. 1977		A San And Manhager			155

tife Venturale Makes Pathologue Traction - Hop Letter of the formation of the formation

	17/		
114	51 6219 BALTIMORE CITY H	EALTH DEPARTMENT	6219
	CERTIFICAT	E OF DEATH Registered No.	
	IRTH NO.  NAME OF DECEASED	1 2. DATE /	
(	Type or Print) William Cald	or DEATH 7/1	3/51,
A	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If ins	titution: residence before admission
III La	FULL NAME OF If not in hospital or institution, give street address of OSPITAL OR location		rite RURAL and giv
	restitution 221 Mallow Hill Rep	Saltomore Re	township
	Yrs. Mos. Days		- V
	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.		er I Year   It Under 24 Hours
	MIDOWED, DIVORCED (Specify		
10 West	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 150 bed during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
1	supt of mantage (1) + 1)	Kest Vuginio	THAT GOOWING
13	3. FATHER NAME	14. MOTHER'S MAIDEN NAME	
-	alder		
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  16. SOCIAL  SECURITY NO.	Musch Bake Calaba 7	ne Ma W. 7/
	18. / CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	atomodentia OU disease	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		1 1 15
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CA	(C)		
F	OTHER SIGNIFICANT CONDITIONS CON-		
ERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	/_	
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
AL			YES NO
DIC	21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB.  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., UTING ☐ CAUSE OF DEATH.		exact location)
M	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
7	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK		
	22. I certify that I took charge of the remains described	above, held an Ingection t	hercon and from
	the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry	lan stated above
	and death in my opinion, residted from: natural cause	s , accident , suicide , homicide , und	etermined .
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C. I ASSISTANT MEDICAL EXAMINER	DATE SIGNED
2. TI		ERY OR CREMATORY 240, LOCATION (City, town, or	county/ (State)
7	ATTE RECEIVED BY REGISTERAR SAGNATURE	end Jameel m	S/
L	TE RECEIVED BY REGISTIFAR'S SIGNATURE	AL STATE OF THE ST	DORESS / Lu
	C let	Havy N. Mighe 9101 Co	imonden
V	S 151	a - 1/ Des B	1 292011

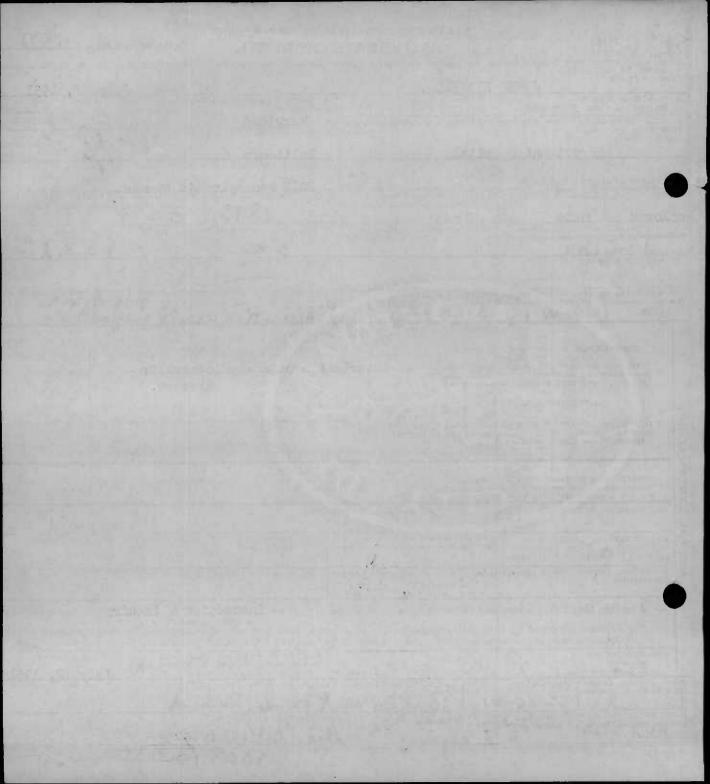


17 4	40
51	6220
BIRTH	NO.

on any mine the tables of ceath clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6220

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
JAMES RUSSELL	DEATH July 12, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF 'f not in hospital or institution, give street address or	Maryland
HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside computed imits, write RUR) L and give township
Provident Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (if rural, give location)
Length of stay in Baltimore Days	2043 Pennsylvania Avenue
SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If Suder I vest   If Under 24 Hours   (last birthday)   Months: Days   Hours   Min.
colored male	1893 53
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Janitor	Va U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 9050 FEET
(11 yes, give war or dates of service) SECURITY NO.	Lillian R Russell modelle 29
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	7
heart failure, asthenia, etc. It means the disease.	osclerotic cardiovascular
injury or complication which caused death.) DUE TO	disease.
ANTECEDENT CAUSES	THE RESIDENCE OF THE PARTY OF T
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TOX. DATE OF OF EMATION	
21a EXTERNAL CALISE WAS 21B. PLACE OF INJURY (e.g., in	or   21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bldg., et	
U STROED GROSE OF BEATTI	
2 10. TIME (Month) (Day) (Year) (Hour) 2 16. INJURY OCCURRE WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
22. I certify that I took charge of the remains described a	bove, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or In	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above.
and death in my opinion resulted from: natural eauses	→, accident □, suicide □, homicide □, undetermined □.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED
Storley N. Khuladun	D.   MEDICAL INVESTIGATOR
JUN, REMOVAL (Specify) 246. DATE 24C. NAME OF CEMETER	
Burial 7-16-51 Salto Wa	of cemb rand
DATE RECEIVED BY REGISTRAR'S STONATURE	F. FUNERAL DIRECTOR ADDRESS
Logal Registras	Hu. Hillson
V S 151	1303 Presstmant
	1303 ( 300 )



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

I. P	LA	CE	OF	DE	ATH-

- (a) Baltimore City, Maryland
- (b) Street address 2005 HARLEM AVE.
- (c) Hospital or institution:
- (d) Length of stay in hospital or inst. (yrs., mos., or days)...
- e) Length of stay in Baltimore (yrs., mos., or days)......

2. USUAL RESIDENCE OF DECEASED:

(a) State M. (b) County .....

(d) Street No. 2805 Harle

(e) Citizen of foreign country?..... If yes, name country.....

Duration

PHYSICIAN

Underline the

charged statis-

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account

FREE MAN

5. Color or race 6 (a) Single, married, widowed, or divorced. MALE COJUREA

6 (b) Name of husband or wife NELLIE 6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

If less than one day 8. AGE: Years Months Davs

9. Birthplace...... (Town, county, and state)

10. Usual Occupation CLERK II. Industry or business

12. Name GREEN ROGERS

13. Birthplace 14. Maiden Name ALICE HOLLAND

14. Marc. 15. Birthplace

16 (a) Informant MARIE JACK SON

(b) Address 2005 HARLEMAUE.

17 (a) BUR A (b) Date thereof 7 1.7 51
(Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory MTCALVARY

Location BALTO. MD.

18 (a) Funeral director GEO. G. KELSON (b) Address 1303 PAESS IMANS TO

19 (a) U 1 6 1951 tute to Nollians, Me

MEDICAL CERTIFICATION

20. DATE OF DEATH hele 13 195/, at 10 30AM 21. I certify that death occurred on the date above stated; that lattended deceased from 19 to 19

and that I last saw harmalive on 19

Immediate cause of death

Other Conditions

(Include pregnancy within 3 months of death) Date of operation .... Major findings of operation:

of autopsy:\_\_\_\_\_

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide.....

(b) Date of occurrence......at

(c) Where did injury occur?....

(d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work?

(City or town)

(e) Means of injury Thomas w. James

23. Signature Thomas w. James

Address 1824 W. Franklin H Date signed 7-13-5

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

DISTRASS HELATIN ATIO THOMISERS

CERTIFICATE OF STRATIM

#### WHAT IS A "CAUSE OF DEATH"?

415

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

HITARD TO SDAFFNI

William Clay Maryland

#### DEFINITION OF OTHER CONDITIONS:

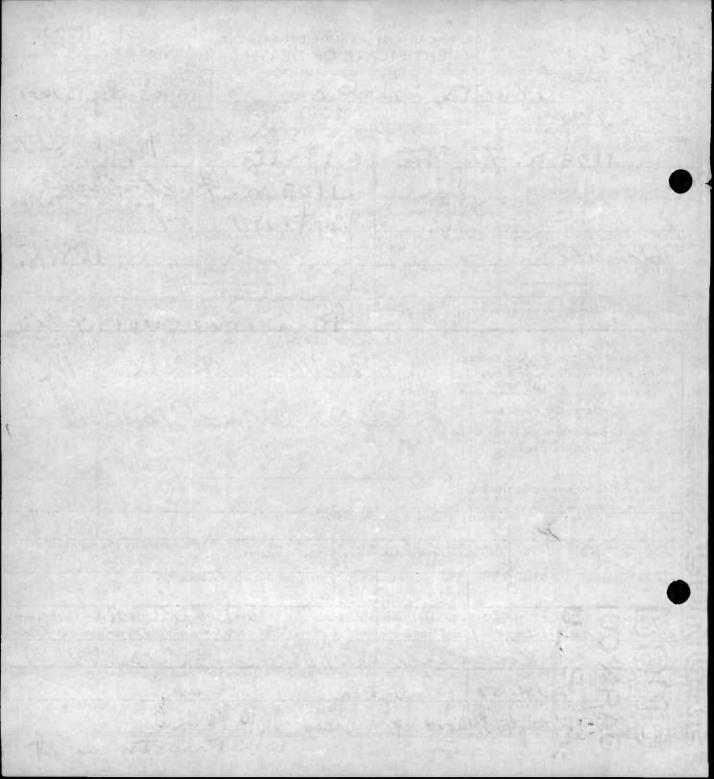
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

6	, 2	, C	)
5.T	HN	6.	35
1. N	AME	OF	DECEA

Registered No. CERTIFICATE OF DEATH SED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If instruction: residence A. STATE B. COUNTY hefore admission) 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corpor telimitation MERUEAL and give INSTITUTION wownship) Yrs. D. STREET ADDRESS (If rura!, give los Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED A. DATELOF BIRTH last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12 CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHATCOUNTRY omestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEE CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED FINJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from July 1930 to 11 . 1921, that I last saw the , and that death occurred at 2:30 An., from the causes and on the date stated above. deceased alive on the 1 /2 190 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24D, LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR SIGNATURE FUNERALIDIRECTOR ADDRESS LOCAL REGISTRAR 



BLM-148990 51....6223

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6223

BIRTH NO.			
	ie Mable Fulcher	2. DATE OF OF DEATH 7/	12/51
INSTITUTION Baltimor	ital or institution, give street address or e City Hospitals location)	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Maryland c. CITY OR TOWN (If outside corporate for Baltimore	If institution: residence before admission) nits, write RPRAL and give township)
Sength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1433 Madison Avenue	
female negro	widowed, Divorced (Specify)	Nov. 3, 1894   56	M Under I Year H Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Givekied work done during most of worklog life, even if retire	of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ga.	12. CITIZEN OF WHAT COUNTRY?
Daniel Gadley		Garrett Johnson	
15. WAS DECEASED EVER IN U. S. ARM (Yee, no or uokoowo) (If yee, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	Records: B.C.H. 4940 Eastern	ADDRESS
DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAL  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION IN TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION IN TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION T	DIRECTLY ATH of dying. e. g., ans the disease, caused death.)  JSES  IF ANY, GIVING O STATING THE DUE TO	OF DEATH  Typertensive  Ardiovascular disease  Phiculas	few minutes
OTHER SIGNIFICANT CONU TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	T NOT RELATED	thrombosis due to arterioscle	resis 20 months
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING  CAUSE OF DEATH	19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	ic or   21C. WHERE DID (If in Baltimore City	20. AUTOPSY?  YES NO   , give exact location)
21D. TIME (Month) (Day) (Year INJURY)  22. I hereby certify that I at	m. WHILE AT NOT WHILE AT WORK	5/30 1951 to 7/12 19	51, that I last saw the
23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAE	stylen M.D.	rred at 9:00Am., from the causes and on 23B. ADDRESS 4940 Eastern Avenue ERY OR CREMATORY 24D. LOCATION (City, town)	7/13/51
VS 150	tor Nolliams, Mar 5	Tus. Kelson 1303 B	esstman

See Dorument File 51 6223 8/10/51 ES

51	051	6224

#### CERTIFICATE OF DEATH S1 6224 Registered No. BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			OLIVIII TOATI	L OI DEATH		
	NAME OF E					2. DATE OF Tollar	20/22
<u></u>			L.Schm				12/51
	Baltimore	City, Maryland	1841 N.1	Milton Ave.	4. USUAL RESIDEN	CE (Where deceased lived, I: B. COUNTY	institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	A. STATE Baltimore	Md.	7
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corrol ate limi	(s) write bornal give township)
,	10				Baltimore		township)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		stay in Baltimore		life Days	1841 N.Milt		
5	sex Male	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours: Min.
_	Man I am I			Married	Jan. 26, 1885	66 yrs	
wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INQUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	F	lumber	Owner		Balto. M.	d.	WHAT COOKING
13	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
		Louis	Schmu	ff	Josephine	Worlein	
UY.	. WAS DECEAS e, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
	Unknown	Unknown		SECURITY NO.	Mrs.Elizabet	h Schmuff 1841 N	.Milton Ave.
ERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEAT s not mean the mode of the asthenia, etc. It mean complication which c  ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT SISEASE OR CONDITION	TIONS CONNOT RELATE	(B)		Sigmoi'd	INTERVAL BETWEEN ONSET AND DEATH
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	3-13-			cinoma c	of Samai	d	YES NO
150	21A. ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	
E	CAUSE OF	R CONTRIBUTING DEATH	about nome,	erm, factory, street, office bldg., e	i.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID IN	NJURY OCCUR?	
	FINJURY	٨		WHILE AT NOT WHILE			
	22 7 7		m.	WORK AT WORK	6- 1051	7-12- 101	~/
	22. 1 nereo	live on 7-11-	ended the	deceased from 4-	, 193 ;	to 7-12-, 198	that I last saw the
15	28A. SIGNA		190,			rom the causes and on t	he date stated above.
	me		area		2117 Belau	ni Rel	7-14-51
2.	4A. BURIAL,	CREMA- 24B. DATE		M. D.   24C. NAME OF CEMETE		4D. LOCATION (City, town	
TI	on, REMOVAL (S Burial	July 16/	'sı '	Reltimore Com		Date Mi B	
D.	ATE RECEIVE			Baltimore Cem	25 PUNERAL DIREC	TOR C	ADDRESS ·
L	CAL REGIST	1951 hunter	TONIN	hiand Hall	Philip Nen	wiffons202	
=	002.0	[OUT	and the second	Control of the Contro	THE PROPERTY	w agranta ava	4 Orleans St.
	VS 150	The state of the s	September 1	, 5	7424	0	46E

2/17 Belai Rd private level 12 mars 24

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where dcceased/lived, If institution/ residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) CHTY OF FOWN (If outside corporate limits, write RERAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR DR RACE 9. AGE (in years) If Linder 1 Year last bigthday) Months; Days Hours; Min. amel 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) | (If yee, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF 0.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 DICA YES 21B. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE WORK AT WORK , To they 18 , that I last saw the 22. I hereby certify that I attended the deceased from deceased alive of he . and that death occurred at & Clave from the causes and on the date stated above. 23A. SIGNATURA 23B. ADDRESS 23C. DATE SIGNED 24A. BUDIAK, CREMA-LOCATION (City, town, or county)

INGRAL' DIRECTOR

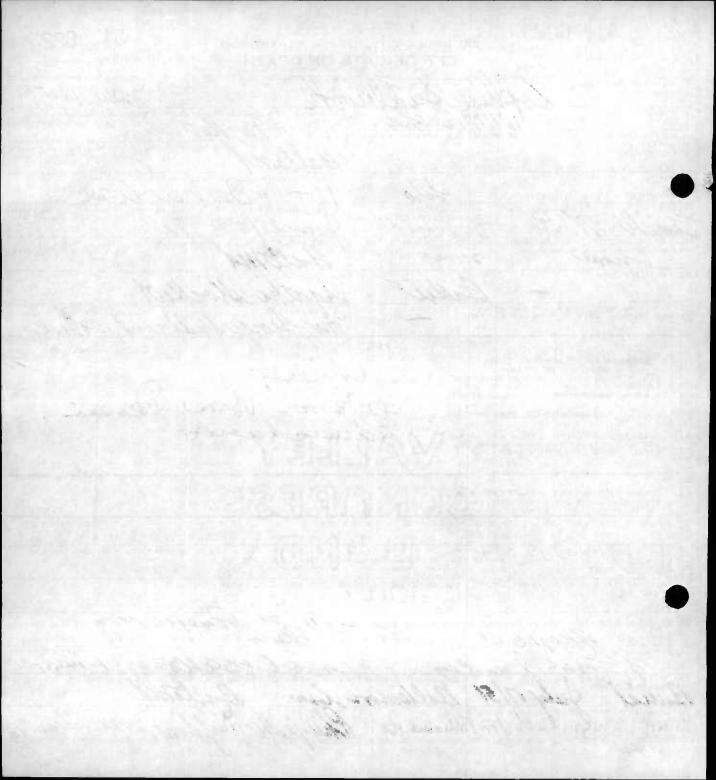
ADDRESS

DATE RECEIVED BY

REGISTRAR

REGISTRAR'S SIGNATURE

THE PERSON NAMED IN STREET, ST



51 6226

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) **JENNIE** or GIOVANNINA DI BARTOLOMEC July 13, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN INSTITUTION (If outside corporate limits write RURAL and give Johns Hopkins Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 208 N. Patterson Park Avenue length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years of boder I Year of Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female. White Married Sept.20 1893 57 19 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Housewife Home Cefalu Palerme (Italy) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antonio Fertitta Angelina Saia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO Antonio Di Bartolomeo 208 N. Patt . Park Ave. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C1 ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT CAL NO X 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? UTING [ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes \( \mathbb{N} \), accident \( \superscript{\omega} \), suicide \( \superscript{\omega} \), homicide \( \superscript{\omega} \), undetermined \( \superscript{\omega} \). 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Hely Redeemer Cemetery DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAP

151

WCl322 S.High

(the smalet those end to find the second of the binder Day If that rely revenue Senter - that Salar I that is a little and I have the land and it was a second

42° 51 6227

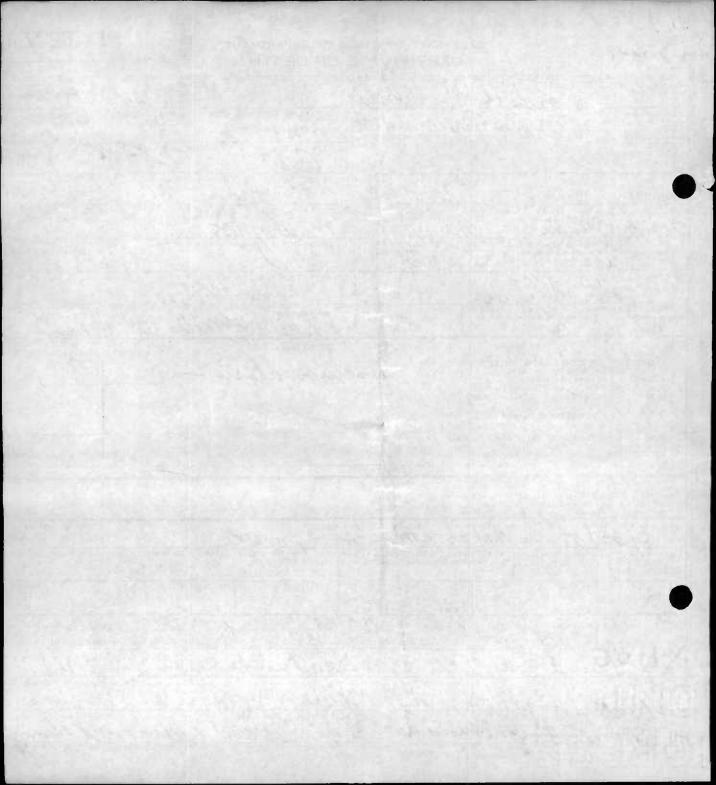
VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

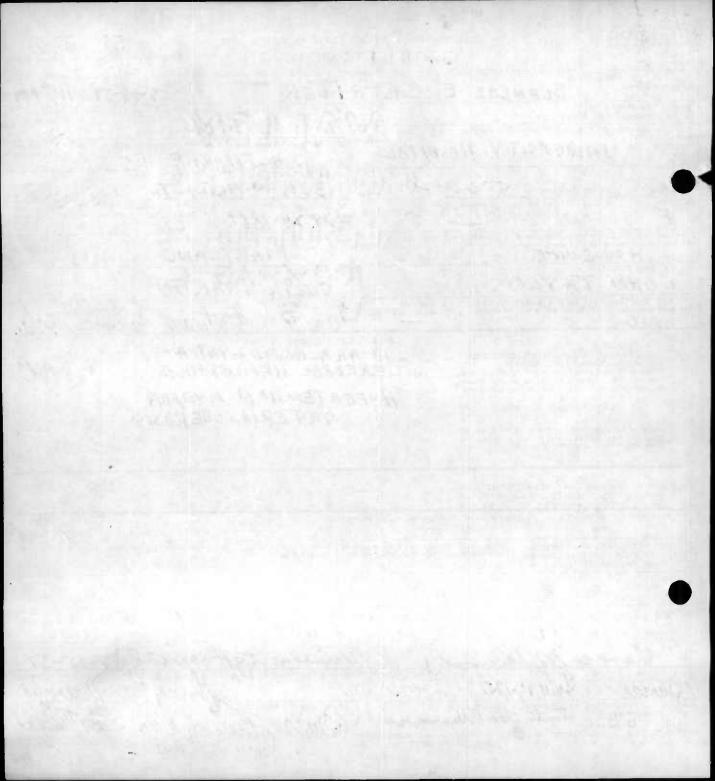
51 6227

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, If phitution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write C. CITY INSTITUTION L and give township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIPOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR ate or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHERYS NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. no no 126 18. INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS. 20. AUTOPSY NO L YES U 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from . to\_ 19\_\_\_, that I last saw the , and that death occurred at 5 P deceased alige on\_1 m., from the causes and on the date stated above. 23A, SIGNAT 23B. ADDRESS 23C. DATE SIGNED du M. D 24A. BURIAL CREMA-TION RAMOVAL (Specify) 24c. NAME OF (State) ADDRESS

· 1986年代 1986年 19



DE DECEO BAL	TIMORE CITY HE	EALTH DEPARTMENT	.51	6228
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED BLANCHE	E. CALTR	IDER	2. DATE OF DEATH 7-14-5	1 110 PM
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	ere deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital or instituting Institution UNIVERSITY H	location)	C. CITY OR TOWN (If o	utside corporate limits, w	de
	Yrs.	D. STREET ADDRESS (If re	ral, give location)	
ength of stay in Baltimore 50 44	Days	1330 W. 415	T ST.	
T W	MARRIED, ED DIVORCED (Specify)	Nov. >4-1888	last birthday) Month	er   Year   H Under 24 Hours   Min.
work done during most of working life, even if retired)  HOUDE WIFE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY?
JOHN TAYLOR		14. MOTHER'S MAIDEN NA	RTIN	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yos, no or nnknown) (If yos, give wer or dates of service)	16. SOCIAL SECURITY NO.	Kemeth T. Cont	Trider Jacker	mess dela
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.	SUB A	PRACHNOID + IN SBRAL HEMORK	HAGE	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THI UNDERLYING CONDITION LAST.	(B)	ARTERIOSC		
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR	(B)	ARTERIOSC		20. AUTOPSY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT  19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. 21B. PLA should home, for the population of the contributing 19b. Major	(B)	ARTERIOS C.  ATION  OF 21c. WHERE DID (If		YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, for CAUSE OF DEATH	FINDINGS OF OPER  CE OF INJURY (e.g., in the control of the contro	ARTERIOS C.  ATION  To or 21c, WHERE DID (If INJURY OCCUR?	in Baltimore City, give	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 2 INJURY m.	FINDINGS OF OPER  CE OF INJURY (e. g., ir rim, factory, street, office bldg., e	ARTERIOS C.  ATION  TOP 21c. WHERE DID (If INJURY OCCUR?  ED 21f. HOW DID INJURY	in Baltimore City, give	YES NO P
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, feedbut home	FINDINGS OF OPER  CE OF INJURY (e. g., ir, factory, street, office bldg., c. t. injury occurrent work at work.	ARTERIOSCO  ATION  To or 21c, WHERE DID (If INJURY OCCUR?  ED 21f, HOW DID INJURY	in Baltimore City, give	YES NO Per exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, feedbut home	FINDINGS OF OPER  CE OF INJURY (e. g., in the control of the contr	ARTERIOS C.  ATION  TOP 21c. WHERE DID (If INJURY OCCUR?  ED 21f. HOW DID INJURY	in Baltimore City, give	YES NO Per exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING OBOUT home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased alive on 19 10 10 10 10 10 10 10 10 10 10 10 10 10	FINDINGS OF OPER  CE OF INJURY (e. g., ir irm, factory, street, office bldg., e  Ple. INJURY OCCURRE WORK NOT WHILE WORK AT WORK  deceased from I  and that death occur	ARTERIOS C.  ARTER	in Baltimore City, give occur?  -14 , 195/te causes and on the causes are causes are causes are causes are causes and on the causes are caused and causes are caused are caus	hat I last saw the date stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESARS OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, for CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE  24A. BURIAL. CREMN 2AB. DATE 12	FINDINGS OF OPER  CE OF INJURY (e. g., ir  rim, factory, street, office bldg., e  Ple. INJURY OCCURRE  WORK NOT WHILE  AT WORK  deceased from  and that death occur  M, D.	ARTERISC  ARTERISC  ARTERISC  OF 21c. WHERE DID (If INJURY OCCUR?  ED 21f. HOW DID INJURY  OF 19 St, to 7  red at 11 of m., from the 3B, ADDRESS	in Baltimore City, give occur?  -14 , 195/te causes and on the causes are causes are causes are causes are causes and on the causes are caused and causes are caused are caus	hat I last saw the date stated above.



В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.	
1	NAME OF C	ECEASED				2. DATE		
(	Type or Print)	OLEN		ADKINS		OF	ly 15, 1	057
	PLACE OF D				4. USUAL RESIDENCE (	Vhere deceased lived.	If institution:	residence
	FULL NAME	Of (If not in hospit	al or institu	tion, give street address or	Maryland	B. COUNTY		re admission
H	OSPITAL OR			location)		Baltimor outside corporate lin	its, write RIII	RAL and giv
Ü	to mondition	Work-Armco Me	tal co	mbany		21		township
				Yrs.		rural, give location)		
-	ength of s	tay in Baltimore		Mos. Days			K200	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	Male	White	Mar:	VED, DIVORCED (Specify) ried	March 10, 1912	last birthday) A	Ionths Days	Hours Min.
Wor	k done during most	CUPATION (Give kind of of working life, even if retired)	108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZE	
	Scale Mar	n	Armco	Metal Co.	Kentucky		U'S'	ACOUNTRY
1.	3. FATHER'S 1	NAME			14. MOTHER'S MAIDEN N.	AME		
	Perry Ad				Maro Absher			
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
	No			403-07-8723	Mrs. Wanda Adkin			
	18. 4	20.1		CALISE	OF DEATH	Paltimore ?	UNTERV	AL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		OI DEATH		ONSET	AND DEATH
		LEADING TO DEAT	TH		ary artery sclero	eie with		
	neart failt	re, asthenia, etc. It mea complication which c	ns the diseas	SP.	er myocardial infa			******************
	1113413 01			r) OUE TO TOTALE	it myocardrar mire	rection		
		ANTECEDENT CAUS	ES					
Z	DISEASE	S OR CONDITIONS, IF	ANY, GIVI			***************************************		******************
Ĕ	UNDERLY	HE ABOVE CAUSE (A)	STATING TI ST.	HE OUE TO				
CA				(C)		***************************************		
RTIFICATION	OTHER	II CONTRACTOR						
	TRIBUTING	IGNIFICANT CONDITION TO THE OBATH, BUT I	NOT RELATE	D				
CE		SEASE OR CONDITION	** \ * * * *					
	ISA. DATE O	F OPERATION 19	B, MAJOR	FINDINGS OF OPER	ATION		1 -	UTOPSY?
A	214 EXTERN	IAL CAUSE WAS	2 18. Pl 4	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	YES K	
EDICAL	UNDERLYING	OR CONTRIB-	about bome, f	arm, factory, street, office bldg., el	injury occur?	m baitimore City,	give exact io	cation)
Σ	210, TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?		
	o. moon		m.	WHILE AT NOT WHILE AT WORK				
	22. I certif	y that I took chare	ge of the	remains described a	hove held an	AND PACE	th an acce	3 6
					Autoney T	nspection or Inquiry		and from
	and dec	ath in my opinion	saia Auto resulted f	psy, inspection or in rom: natural causes	nquiry, find that said de <b>X</b> ], accident [], suicide	ceased died on the	he day stai	ted above,
	23A. SIGNAT	URE 10			238. CHIEF MEDICAL E		3c. DATE SIG	
		178	ons	M.	D. MEDICAL INVESTIGATO	XAMINER	July 16,	
24 TJC	A. BURIAL, C N, REMOVAL (S)	REMA- 248. DATE	2	4c. NAME OF CEMETER	RY OR CREMATORY   240. LC	CATION (City, town		(State)
	Burial	July 19,	1951	Druid Ridge	A. P.R.	esville, Mar	wland	
DA	TE RECEIVED	BY   REGISTRAP'S			25. FUNERAL DIRECTOR	, , , ,	ADDRESS	
	CAL REGISTE	51 1	W/11		Burgee/Funeral H	ome 3631	Falls R	oad
V	3 151	131 Thursting	CA THA	CALLES , ALS	Village (1)	3		
				The state of the s	MILLER	IMIULE	A .	

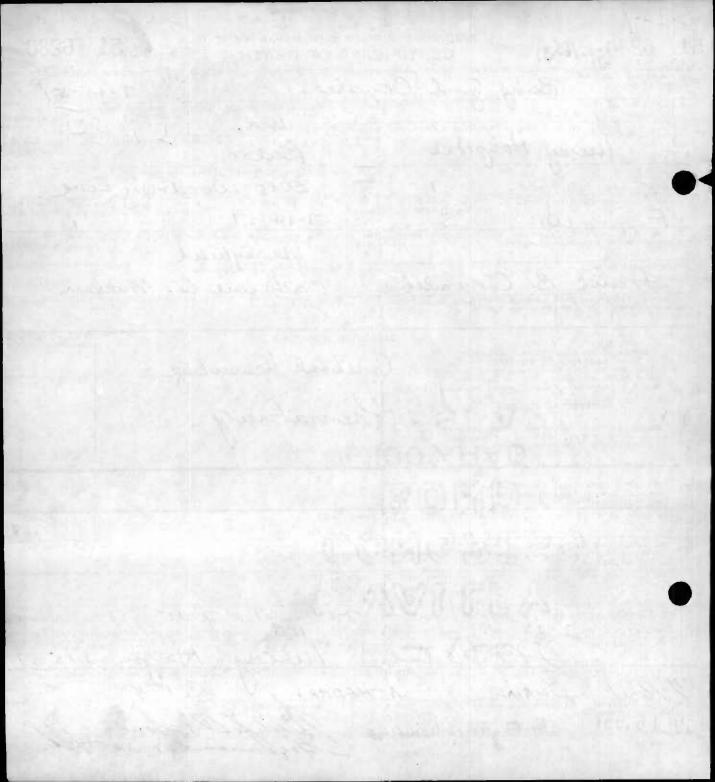
3903F

Conserate BALTIMORE CITY HEALTH DEPARTMENT =1-16531 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence

A STATE

B. COUNTY

before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside exporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Woodnue length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of) 10s. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? anyland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME alleure Ce. Mullon auk 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (If yes, give war or dates of service) (Yee, no or unknown) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN 60.5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY hemmeliage LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 1\$7. to 7 - 15, 1957, that I last saw the 7-14 22. I hereby certify that I attended the deceased from\_\_\_\_ deceased alive on ? - 15, 1957, and that death occurred at 11 P.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL. CREMA-24c, NAME OF CEMETERY OR CREMATORY / 24b, LOCATION (1), town, or county) 248 DATE TION REMOVAL (Specify) ATHEDRA DATE RECEIVED BY EUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAN VS 150 and the state of t

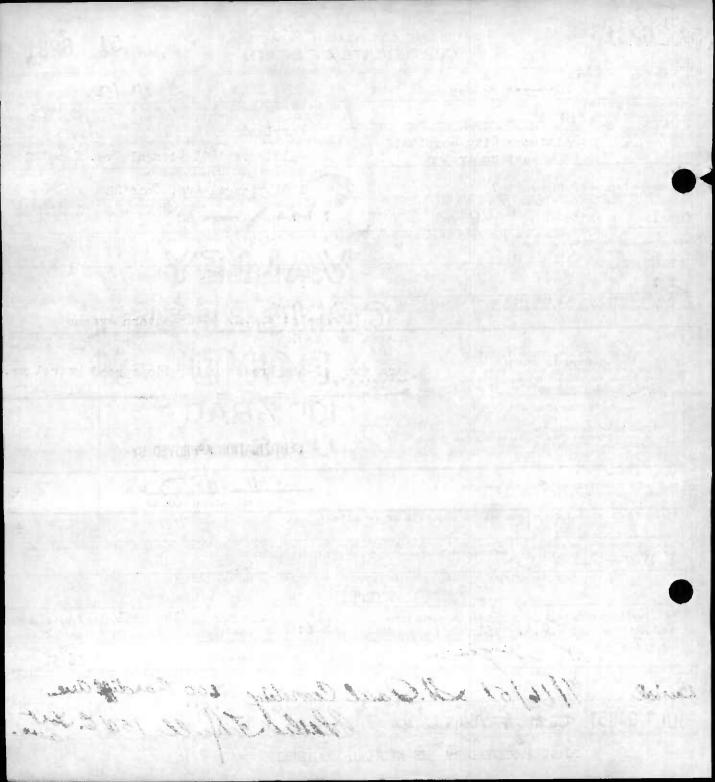


15 00 15 00

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6231

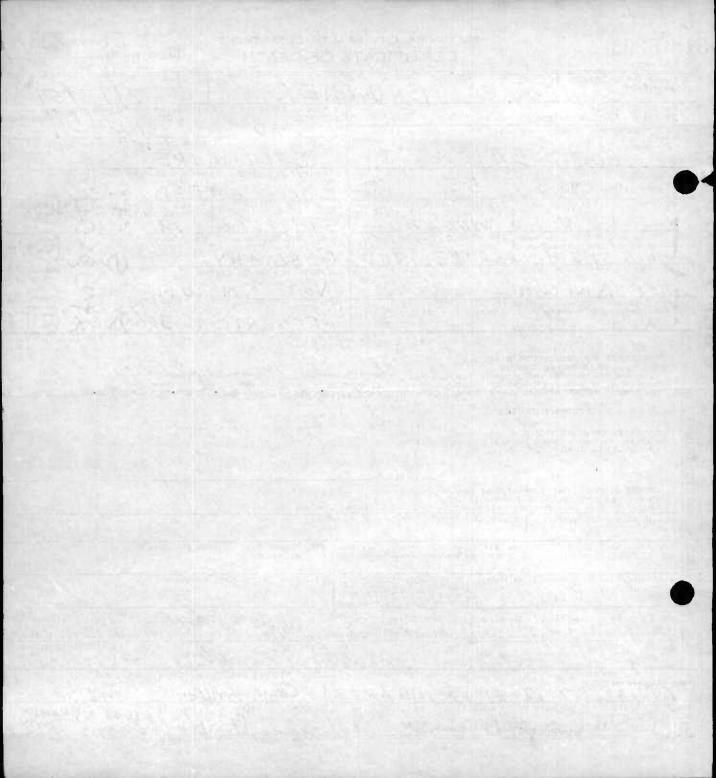
BIRTH NO.	ICATI	E OF BEATH							
1. NAME OF DECEASED (Type or Print) Margaret Rooney	2. DATE OF DEATH 7/14/51								
a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street. HOSPITAL OR INSTITUTION  Baltimore City Hospital 4940 Eastern Avenue	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)								
ength of stay in Baltimore ?  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	1401 Stengal Ave. Zone 22  8. DATE OF BIRTH 9. AGE (In years   f Under 24 Hours   Months Days   Hours Min.								
female White Widowed  10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINES									
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)    12. CITIZEN OF WHAT COUNTRY								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURI	Records: B.C.H. 19140 Eastern Avenue								
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Carcinoma of the breast with wide spread Over  metastasis  DUE TO  CERTIFICATION APPROVED BY  OTHER SIGNIFICANT CONDITIONS CON.  M. D.									
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OF OPER	CHIEF OR ASST. MEDICAL							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., io or linguage)  21C. WHERE DID (If in Baltimore City, give end of linguage)  About home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?									
TINJURY WHILE AT WORK	F INJURY WHILE AT NOT WHILE								
22. I hereby certify that I attended the deceased from deceased alive on D.O.A., 1951, and that deal 23A. SIGNATURE	th occur	7/14, 151, to 7 red at 6:40AM., from the ear 3B. ADDRESS 4940 Eastern Avenue	7/14 , 1951 uses and on th	that I last saw the date stated above.  23c. DATE SIGNED  7/16/51					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAL'S SIGNATURE  VS 150  TO BE APPROVED BY THE MARKET STATE APPROVED BY THE MARKET STATE	CEMETE	CONTENT STORES	ell 15	TAR IS					



51 6233

E	BIRTH NO.		CERTIFICATE OF DEATH Registered					(),500
1	. NAME OF DEC	A	LF	BRUN	INFO	2. DATE OF	7/11	-/
	. PLACE OF DEA	TH:		DAUN	4. USUAL RESIDENCE	DEATH E (Where deceased i	ived. If instit	of 5
1	. Baltimore Cit		nital on institut	ion, give street address o	A. STATE	B. COU	TY L	etopo dmission
-	IOSPITAL OR			location	c. CITY OR TOWN	(If outside corpora	fimits, wri	e RUIAL and giv
j	6	075.	EATO	N ST.	BALTI	MORE		township
			-	Yrs.	D. STREET ADDRESS	(If rural, give locat	ion)	
		y in Baltimore		Days		EATON	ST.	- 1
	M	IAI	WIDOW	E, MARRIED.			ay) Months	Year If Under 24 Hours Days Hours Min.
1	OA. USUAL OCCL	JPATION (Give kind	of 108, KINE	OWED OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	112.0	ITIZEN OF
L	rk doneduring most of w	orking life, even if retir	DER .	RETIRED	GERMAN	J V		WHAT COUNTRY
1	3. FATHER'S NA	ME	211011	NULLACO	14. MOTHER'S MAIDE	N NAME	0	5.71.
	NOT	NOWN	4		NOT K	NOWN		
1 (Y	5. WAS DECEASED	EVER IN U. S. ARM (If yes, give war or d		16. SOCIAL SECURITY NO.	17. INFORMANT		07 SNED	TON ST
	No				TREDERI	CK BR	UNNE	R
-	18. 420	0.0		CAUSE	OF DEATH		11	NTERVAL BETWEEN
	DISEASE	OR CONDITIO	N DIRECTLY	0	na	1.1		7
	(This does n	ot mean the mod	e of dying, e. 1 neans the diseas	e, (A)	anie My	respective	1	Ţ.
	injury or co	omplication which	caused death	.) DUE TO CINE	eno selevote	e present a	and the second	de-
z	Al	NTECEDENT CA	USES	(B) Les	ilet			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						***************************************	
O.A.	UNDERLYIN	NG CONDITION	LAST.					
E		11		(C)				••••
ERT		NIFICANT CON						
ü	TO THE DISE	EASE OR CONOIT	ON CAUSING I	Т				***************************************
AL	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
OIC.	21A. ACCIDENT	T, SUICIDE, (Specify)	218. PLA	CE OF INJURY (e. g.,		(If in Baltimore		
MEDI	HOMICIBE	(Specify)	about nome,	arm, factory, street, omce bigg.,	etc.) INJURY OCCUR?			
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
			m.	WHILE AT NOT WHILE AT WORK		0 0		
								t I last saw th
	deceased aliv		7, 190 /,		fred at <b>J. 70/T</b> m., fro	the dauses and		tc stated above
	4.	N. 19 a	skel	м. р.	637 S. Con	later S		-16-51
2	4A. BURIAL, CHI	MA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24	D. LOCATION (City	, town, or cou	inty) (State)
	BURIAL	- 7/18	151	SCHW ART	Z'S CEMTI	SALTO.	MI	2.
L	OCAL REGISTRA	BY RECISTRA	R'S SIGNATU	RE	25 FUNERAL DIRECT	OR . 17 11	163408	BROAD-
	111 1 6 123	b' military	an / Your	which will be	10000000	T. Moll	1110111	WAY

の つから 中国 これである かっかい 神田 神神

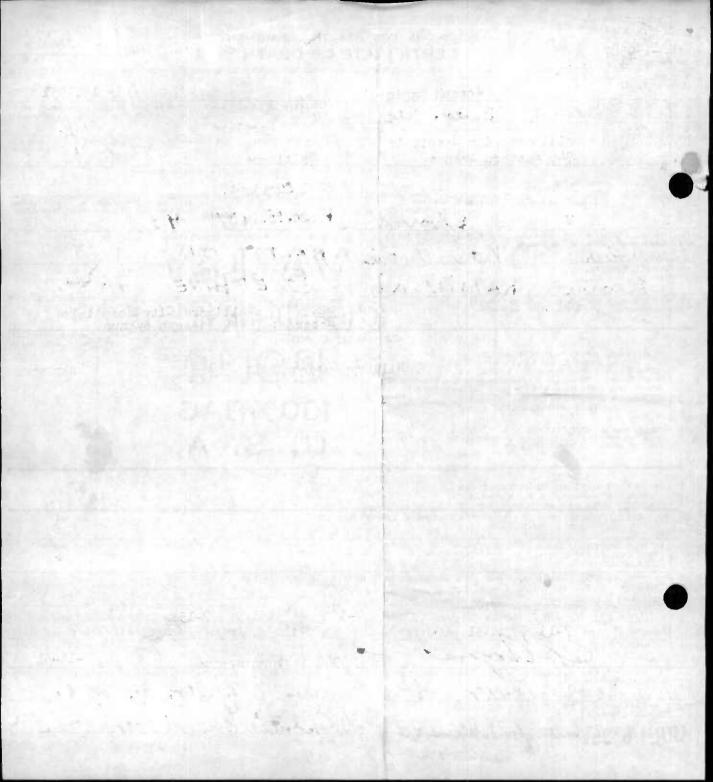


ND-150387

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Joseph Kaminski July 15,1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Balto. City A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mary land HOSPITAL OR Baltimore Caty Hospitals location) (If outside corporate limits, write LURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days M Divorced 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SUBURNULL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HINE PARROT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. 4940 Eastern Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Miliary Tuberculosis Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... ш OTHER SIGNIFICANT CONDITIONS CONū TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK AT WORK 7-15 , 1951, to 7-15, 19 51 that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_\_ deceased alive on 7-15 . 19.51. and that death occurred at 9:10 gm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 7-16-51 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

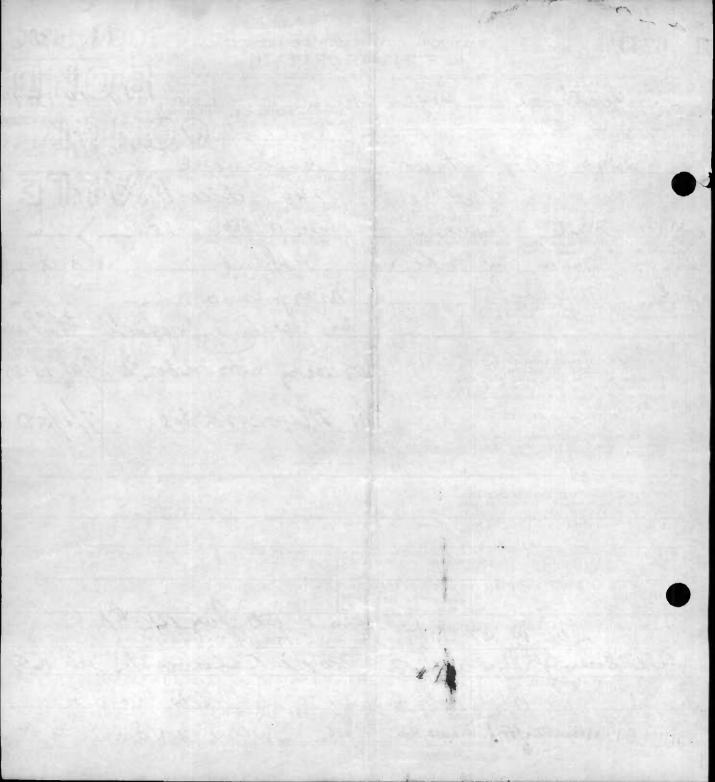
523311



VS 150

970 32

13)



#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	NO.			CERTIFICAT	E OF DEATH	registered 1	Y0,
	ME OF D	ECEASED				12. DATE	
(Type	or Print)		Mar	y Popowicz		OF DEATH	7-13-51
	CE OF D	EATH: City, Maryland		,	4. USUAL RESIDENCE		
HOSPI	L NAME	OF (If not in hospit	tal or instituti	on, give street address o location		(If outside corporat limit	01
00	1011014	130 S.	Patters	on Park Ave	Baltimore.	Md.	township)
				Yrs.	D. STREET ADDRESS (		
		tay in Baltimore		65 yrs Mos.			
5. SEX		6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. ED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	nths: Days   Hours   Min.
	F	W		lowed	? ? ?	Approx.79	
10A. U	SUAL OC during most	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTR		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13 FA	THER'S N	IAME	Dome	stic	Poland		USA
15, 17	THER S I				14. MOTHER'S MAIDEN		
1 F W 1	2 5 5 5 5 5 5 5 5 5	Unknown			Unkn	iown	
Yes, no	or unknown)	D EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
					Frank Popewicz	211 S. Char	pel Street
18.	44	3 X			OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY	T	NAL BRONCHO	P	OHOLI AND DEATH
	(This does	not mean the mode of	of dying, e. g	, (A) ERMI	NAL PRONCHO	- INEUNUNIA	2 DAYS
	neart faitu injury or	re, asthenia, etc. It mes complication which o	ns the disease caused death.	DUE TO			
		ANTECEDENT CAUS	SES		N. H.		
Z				(B)	EBRAL HEM	RRHAGE	4 DAYS
-	RISE TO T	OR CONDITIONS, I	STATING TH	G E DUE TO //	П		***************************************
A	UNDERLY	ING CONDITION LA	AST.	(C) HYPK	RTENSIVE ART	PRIOSCLEROTI	( 555
£				C	KD10-VASCUL	AR DISTASE	
FT	OTHER S	II IGNIFICANT CONDI	TIONS CON				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
_		Control of the Contro		FINDINGS OF OPE	RATION		20, AUTOPSY?
CAL	4.	NE					YES NO
= 21		ENT WAS UNDER-		CE OF INJURY (e. g.,		(If in Baltimore City, s	
	USE OF	R CONTRIBUTING DEATH	about home, f	arm, factory, etreet, office bldg.	etc.) INJURY OCCUR?		
	INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURF	RED 21F. HOW DID INJU	RY OCCUR?	
			m. V	WORK NOT WHILE			
22	. I hereb	y certify that I att	ended the	deceased from	uly 10 , 1951, to	July 13 1951	, that I last saw the
de	ceased al	ive on July 13	195/	and that death oden	rredat 9:15 Pm., from	the causes and on the	ne date stated above
23.	A. SIGNA	URE / 1	1-1-1		23B. ADDRESS, On	1	28¢. DATE SIGNED
	Pol	the M	renga	М. D.	209 & ldes	les Is.	July 15, 190
24A. TION, R	BURIAL. C	pecify)			ERY OR CREMATORY 24D.		1/
(	Burial	7-16-	51	Sacred Hear		Baltimore,	Md.
LOCAL	RECEIVE		SSIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
.1111	1619	51	141 Was	liams, M. II	Lilly & Zeiler	; Inc. 403 S.	. Wolfe Str.
100							

THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY. Well work and With the troop and the same and Joseph Conord . S . L. Stank Republica Sal J. Channel Stanet 

	3	6	5	
5	1	(	3237	7
	HOTE	A NIC		

VS 150

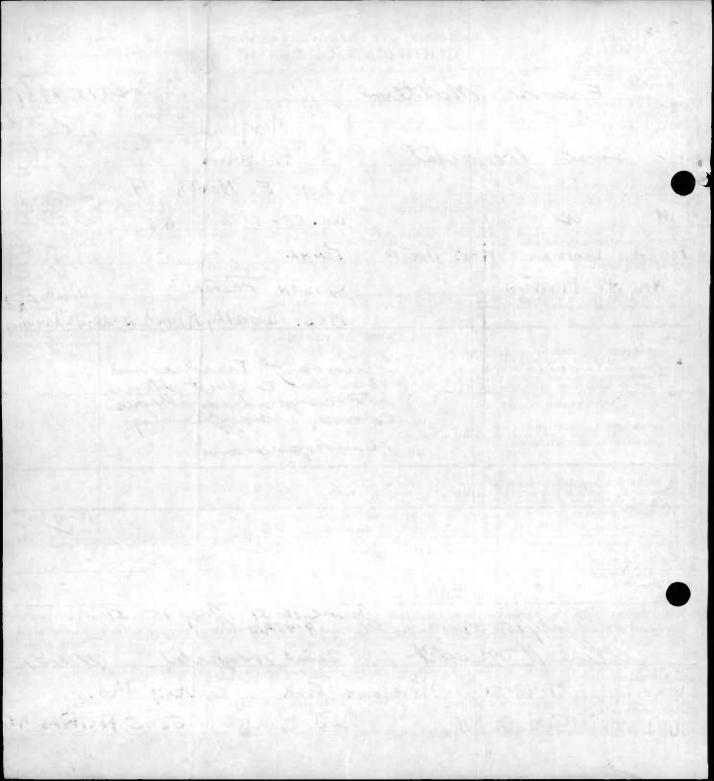
#### BALTIMORE CITY HEALTH DEPARTMENT

51 6237

CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Matton DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate ) mits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. UC. ength of stay in Baltimore NORIA Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. Dec. 23 - 1882 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Formerly DOOLMAN TENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSIER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CINHEN -2804 18. INTERVAL BETWEEN CAUSE OF DEATH 2 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, duct esterge injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES L 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from July 15, 19 5/that I last saw the deceased alive on July 15, 19 5/and that death occurred at 9:45 Adjroid the causes and on the date stated above. Colu 15, 19 5 that I last saw the 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) DUYIA ark DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Z. ADDRESS LOCAL REGISTRAR

THE COURSE OF B STATES WHEN

73281

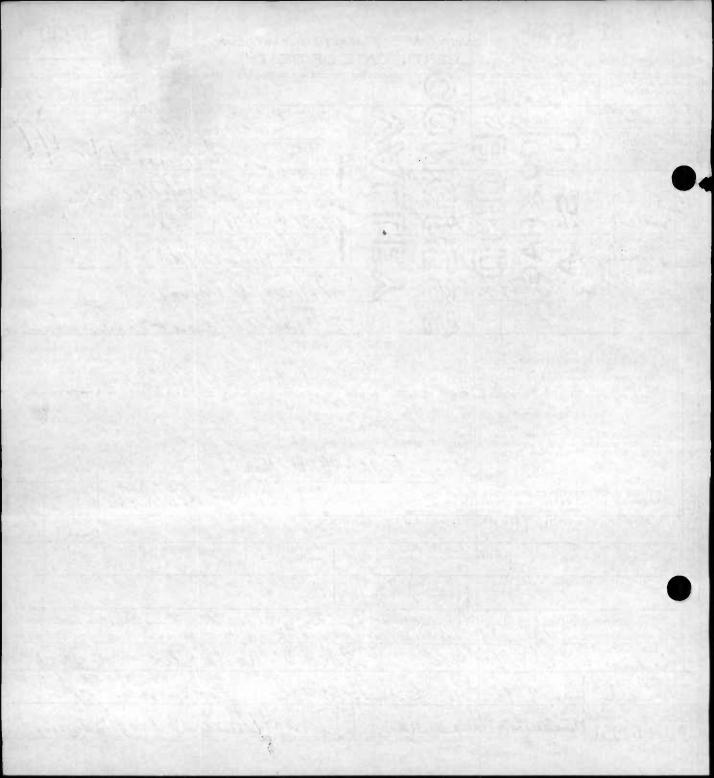


+300	
BALTIMORE CITY HEALTH DEPARTMEN	TY 51 6238
CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) John Scott	2. DATE OF DEATH COLVIS 1961
	(Where deceased lived, It is stitution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ND morester
INSTITUTION C. CITY OR TOWN WHALES Y	(If outside corporate limits, write RURAL and give township)
Yrs. Mos. D. STREET ADDRESS	(If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH	9. AGE (in years) If Under i Year   II Under 24 Howes
MARRIED S-11-05	last birthday) Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work does do ning most of working life, even if retired)  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State of INDUSTRY)	r foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN	NAME O
John D. Noott Lina	alephant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknoth) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANTS 107	ADDRESS ADDRESS
18. 521 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	motherax pusho
	A SHALL STORY AND ADDRESS OF THE PARTY OF TH
ANTECEDENT CAUSES	1
110 - 1 0000	p medes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	b weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	h weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	p medica
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	b weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  D. TIME (Month) (Day), (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY	(If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION OF OPERATION  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  1NJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK  MORK  WORK  NOT WHILE AT WORK	(If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day), (Year) (Hour)  21E. INJURY OCCURRED LYING AT WORK  22. I hereby certify that I attended the deceased from  22. I hereby certify that I attended the deceased from  195, to	(If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  19 J. TIME (Month) (Day), (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 3 195, to deceased alive on 7, 195, and that death occurred at 2 4 m., from	(If in Baltimore City, give exact location)  URY OCCUR?  7-/3-, 19-57, that I last saw the n the causes and on the date stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day), (Year) (Hour)  21E. INJURY OCCURRED LYING AT WORK  22. I hereby certify that I attended the deceased from  22. I hereby certify that I attended the deceased from  195, to	(If in Baltimore City, give exact location)  URY OCCUR?  7-/3-, 19-57, that I last saw the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING blowth bome, farm, factory, street, office bldg., etc.)  19. TIME (Month) (Day), (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR?  22. I hereby certify that I attended the deceased from 47 WORK 187 WORK 195, to deceased alive on 7 195, and that death occurred at 27 Am., from 23A. SIGNATURE 23B. ADDRESS 195.	(If in Baltimore City, give exact location)  URY OCCUR?  7-/3-, 19-57, that I last saw the n the causes and on the date stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  10. TIME (Month) (Day), (Year) (Hour) 10. TIME (Month) (Day), (Year) (Hour) 11. TIME (Month) (Day), (Year) (Hour) 22. I hereby certify that I attended the deceased from work at work 23A. SIGNATURE  23B. ADDRESSI 1011  24A. BURIAL, CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY 24D.  24D. TIME (MONTH) 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.	(If in Baltimore City, give exact location)  ORY OCCUR?  To a property of the causes and on the date stated above.    19
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  1NJURY 22. I hereby certify that I attended the deceased from deceased alive on 7, 195, and that death occurred at 2, 2m., from 23A. SIGNATURE  24A. BURIAL. CREMA: 24B. DATE 24C. AMME OF CEMETERY OR CREMATORY 24D.  DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 FUNERAL DIRECTOR.	(If in Baltimore City, give exact location)  ORY OCCUR?  To a property of the causes and on the date stated above.    19
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  10. TIME (Month) (Day), (Year) (Hour) 10. TIME (Month) (Day), (Year) (Hour) 11. TIME (Month) (Day), (Year) (Hour) 22. I hereby certify that I attended the deceased from work at work 23A. SIGNATURE  23B. ADDRESSI 1011  24A. BURIAL, CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY 24D.  24D. TIME (MONTH) 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.  24D. TIME (CREMA- 24B. DATE 24C. AAME OF CEMETERY OR CREMATORY) 24D.	(If in Baltimore City, give exact location)  ORY OCCUR?  To a property of the causes and on the date stated above.    19

continued committee 2000 contar jana estantial. 7/18/57 Comment to Jun 3 +140<sub>51</sub> 6239

#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	1 110.					
1. NAME OF DECEASED TO REACE M. NIFFEL 2. DATE OF DEATH J	ULY 15,1951					
3. PLACE OF DEATH:  A. Baltimore City, Maryland 4222 Pershill One A. STATE SCOUNTY	If institution: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	mits write RUR (I had rive township)					
Life Yrs. D. STREET ADDRESS (Toural, give logation)	40					
C Length of stay in Baltimore Mos. 4222 Persilil	are:					
Jenne 4000 Huster 1/100 9/10/1 80	If Under 1 Year If Under 24 Hours Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work in give, even if retired)  Work doned tring most of working big, even if retired)  INDUSTRY  INDUSTRY	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Buckles 14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL (Yes, no or/unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS 1 CAR					
18. LLL 2 X CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ONSET AND DEATH					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  J-/YPFR TRIVSIVE CARDIO-VASC.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  OUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO						
UNDERLYING CONDITION LAST.  ENLARGED HEART						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  CEREBRAL EMBOLIE TO THE DISEASE OR CONDITION CAUSING IT.	TSS,					
, 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in Baltimore City	y, give exact location)					
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City)  about home, farm, factory, street, office bldg., etc.)	y, give exact iocation;					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	57, that I last saw the					
deceased alive on 7-15, 191, and that death occurred at 7 m., from the causes and on						
Lelyny W. D. Hollyes M.D. 3308 W. North ave.	7-15-3					
24a. BERIAL, CREMA- 24B. DATE (24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, to)	wn, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  L	4 Sadacurola					
VS 150	1					



#### BALTIMORE CITY HEALTH DEPARTMENT

51 6240

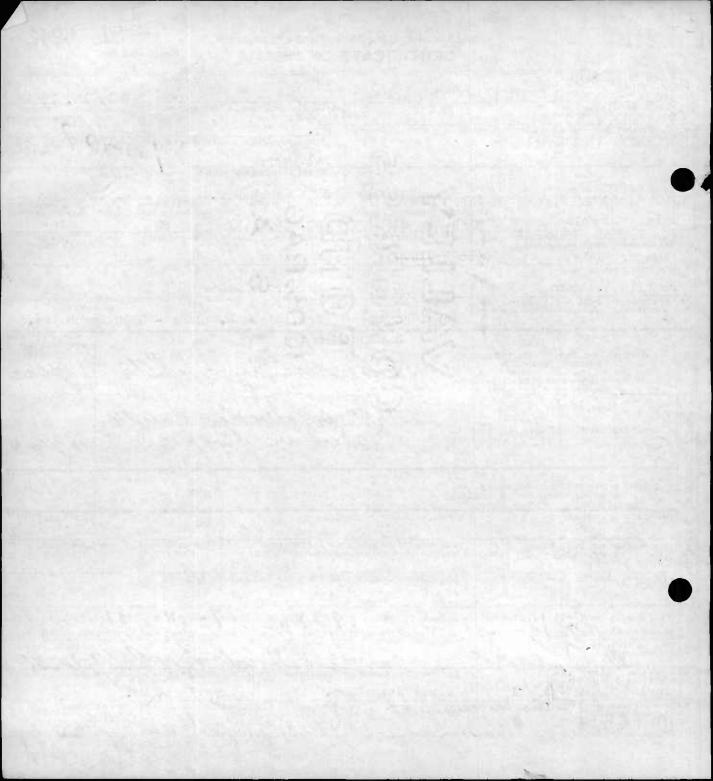
CERTIFICATE OF DEATH Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE MARY EMMALINE TAUDTE (Type or Print) July 14, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) 1637 E. North Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 1637 E. North Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: Min. female white widowed Sept. 26, 1873 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Milton H. Boone Sarah E. Grev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO 215-07-6790 Miss Lorraine Taudte - 1637 E. North Ave. no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Aortic regurgitation and Mitral heart failure, asthenia, etc. It means the disease, lyr. injury or complication which caused death.) Hypertensive Cardiovascular ANTECEDENT CAUSES 5 yrs. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Cerebral arteriosclerosis l yr. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) ō about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE ATT NOT WHILE WORK AT WORK L 22. I hereby certify that I attended the deceased from June 15, 19,51 to July 14, 1951 that I last saw the deceased alive on July 1419 51, and that death occurred at 10 Pon., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1613 E. North Ave. 7-16-51 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) (State) 7/17/51 Burial Parkwood Cem. Balto DATE RECEIVED BY 250 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

the last the continue to the continue to the continue to the Wildows In all products of the London 2

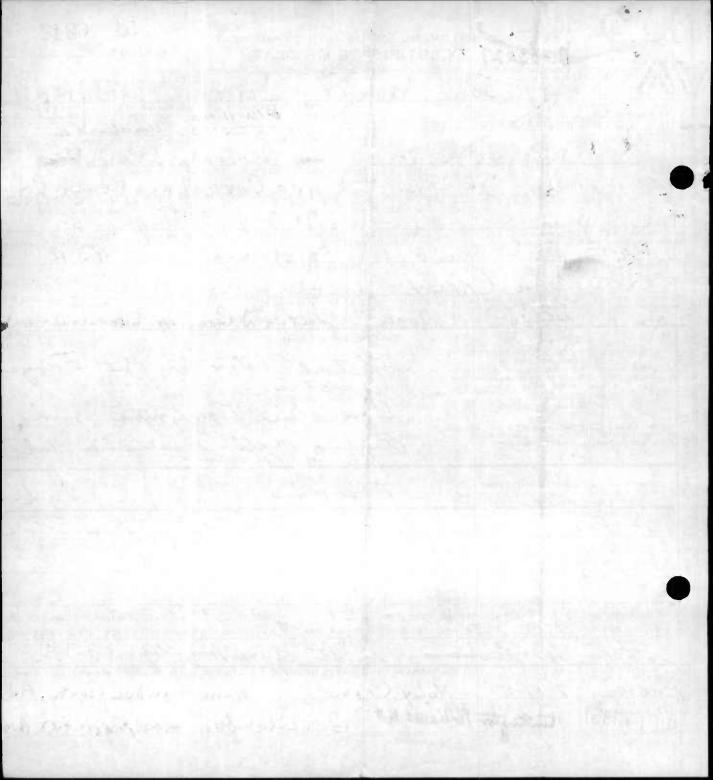
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6241

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM MCGEE ADAMS DEATH July 14, 1951
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. 3702 Beech Ave. (If outside corporate limits, write RERAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days 3702 Beech Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months: Days | Hours: Mln. WIDOWED, DIVORCED (Specify) male white married Aug. 24, 188] 10A. USUAL OCCUPATION (Givskind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dons during most of working life, syan if retired) INDUSTRY WHAT COUNTRY? Oyster Packer Maryland Ovster 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin G. Adams Catherine McGee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, givs war or dates of service) 7-05-0965 Mrs. Clara H. Adams - 3702 Beech Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21B. PLACE OF INJURY (s. g., in or | 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) ā about homs, farm, factory, street, office bldg., stc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! WORK 19 , to 7 - 14- , 195 / that I last saw the 22. I hereby certify that I attended the deceased from 19.51, and that death occurred at \ . m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY L LOCATION (City, town, or county) Burial Druid Ridge Com. DATE RECEIVERANT 25 FUNERAL DIRECTO ADDRESS VS 150



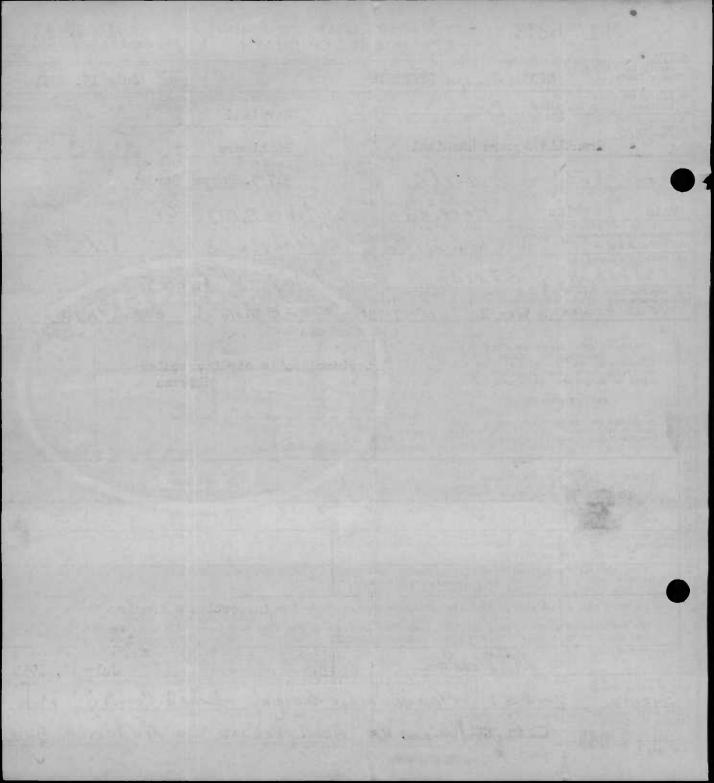
6	00 51 62	BALT	IMORE CITY HE			51	6242
В	IRTH NO.	-83027	ERTIFICATE	OF DEAT	H Regist	tered No	
(7	NAME OF DECEASED Type or Print) PLACE OF DEATH:	John	House	A USUAL RESID	2. DATE OF DEATH	Juli	141951
-	Baltimore City, Maryl	land t in hospital or institution	. give street address or	A. STATE AS T	ARYLAND B. COU	NT	before admission)
H	OSPITAL OR	11	location)	C. CITY OR TOWN	(If outside corpora	te limits, writ	te RURAL and give
	51.	Manes Ho	Spital	Hand XI	reenland	Beach	township)
	Length of stay in Balt	imore 6 a	Mec. Days		SS (If rural, give local	A REA	of Pal
5.	SEX 6. COLOR O	R RACE 7. SINGLE,		8. DATE OF BIRT	1 9. AGE (in y	ears If Under I	Year II Under 24 Hours Days Hours Min.
10	Male Wha	te Clu	ed	7-7-	4/	4	5. Hours Min.
wor	A. USUAL OCCUPATION (a done during most of working life, even	en if retired)	F BUGINESS OR	11. BIRTHPLACE	State or foreign country)		CHAT COUNTRY
13	B. FATHER'S NAME	1 Chi		14. MOTHER'S MA	ANG IDEN NAME	14.	S.H.
	Walter	hn (AP	EV	Helen	19. 1. A		
15 (Ye		, S. ARMED FORCES?   1	16. SOCIAL SECURITY NO.	17. INFORMANT	10	ADDRE	SS
-		ONE	NONE	WALTER,	J. CAREY 400	GEBEN	
	18. 756 OR CON	DITION DIRECTLY	CAUSE	OF DEATH			NET AND DEATH
	(This does not mean th	TO DEATH se mode of dying, e.g.,	Antes	tenal Ob	truction,	Post	5 days
	heart failure, asthenia, e injury or complication	etc. It means the disease, which caused death.)	DUE TO Ope	rative			0
	ANTECEDEN	NT CAUSES	Man		Pariti.	+.	
O	DISEASES OR CONDI-	TIONS, IF ANY, GIVING	(B)	ranges	Jewsm		I was.
CAT	UNDERLYING CONDI	ITION LAST.	(C) Cupt	und Mecy	l'a Diver	tealur	-1 wh.
IFIC			U	7-100			
ERT	OTHER SIGNIFICANT	CONDITIONS CON-	Tox	emi			,, ,
Ü	TO THE DISEASE OR CO	ONDITION CAUSING IT.	INDINGS OF OPERA	ATION-21-1	(D)(A=-1	= 0 1	Iwh.
AL	7-9-51	mech	Directions	lun OB	everled Ber	stort	YES NO NO
MEDIC	21a. ACCIDENT WAS U LYING☐ OR CONTRIBU CAUSE OF DEATH	NDER- 218. PLACI	E OF INJURY (e. g., in 1, fectory, street, office bldg., et	or 21c. WHERE D		City, give ex	eact location)
7	210. TIME (Month) (Day FINJURY		E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?		
h		m. w	NOT WHILE AT WORK		7/ 2-10	-1	
	22. I hereby certify the deceased alive on?		eeased fromd that death occurr	195	, to		t I last saw the
	23A. SIGNATURE	1001.00		B. ADDRESS	from the causes and		DATE SIGNED
24	AA. BURIAL, CREMA- 24B.	DATE 240	M. D.	SL. Ugi	340 100000000000000000000000000000000000	7	-15-51
TIS	N. REMOVAL (Specify)	17-51	toLy CROS	0	24b. LOCATION (City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	inty) (State)
3	TE RECEIVED BY REG	ISTRAR'S SIGNATURE		25. FUNERAL DIR	ECTOR PRAY	ADD ADD	RESS
	JUL REPRISTI	mating for 1/11	Laure, My	3EO. L.Se	hwap 210	REREd	ERICK Ave
13	' VS 150 .	Company	Mary Control Street				. 0
						12	212



W. O 6		
51 6243 BALTIMORE CITY H	EALTH DEPARTMENT 51	6243
CERTIFICAT	E OF DEATH Registered No	
BIRTH NO.  1. NAME OF DECEASED		
(Type or Print) ANTON Joseph DIETRICH	2. DATE OF July	15, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission
B. FULL NAME OF f not in hospital or institution, give street address of	\   <del></del>	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits,	write RURAL and giv
Eranklin Square Hospital	Baltimore 20-0	33
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
length of stay in Baltimore $\angle / \uparrow \in$ Days	The state of the s	
J. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED; DIVORCED (Specify		der I Year   H Under 24 Hours hs: Days   Hours: Min.
Male   White   MARRIED	UCTOBER 17, 1889 61	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during proct of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
MACHINEST CHEMICAL CO.	MARYLAND	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NUSEPH //E/RICH	MARY WINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
YES WORLD WAR I 215-07-7706	MARIE E. TIETRICH 317 S.	PAUSON ST
18. 4.22.1 . CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	riosclerotic cardiovascular	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	disease	***
	Щзеазе	
ANTECEDENT CAUSES		
Z DISEASES OR CONDITIONS, IF ANY, GIVING		***
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISPASE OR CONDITION CAUSING IT.	PATION	120 ALITODOVA
1 198. BATE OF OFERATION 1 198. MAJOR TRESHOS OF OFER	ATTON	YES NO X
21a. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (c. g., i		
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE		
m.   work   AT WORK		47
22. I certify that I took charge of the remains described of	Autopsy, Inspection or Inquiry	thereon and from
the evidence obtained by said Autopsy, Inspection or I	Inquiry, and that said deceased died on the	dau stated above
and death in my opinion resulted from: natural causes		DATE SIGNED
18KV allo	ASSISTANT MEDICAL EXAMINER	7 7/ 7-47
24A. BURIAL. CREMA-  24B. DATE   24C. NAME OF CEMETE	I.D.   MEDICAL INVESTIGATOR       Ju RY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)
TION REMOVAL (Specify)	LOE MEMORIAL HOWARD Count	and all
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERALDIRECTOR A	DORESS.
LOCAL REGISTRAR	1 1 6 1 1	Rick AUG
	GEO. L. Jehwah 2101 PRESE	RICH HUGG
V S 151	54448	130

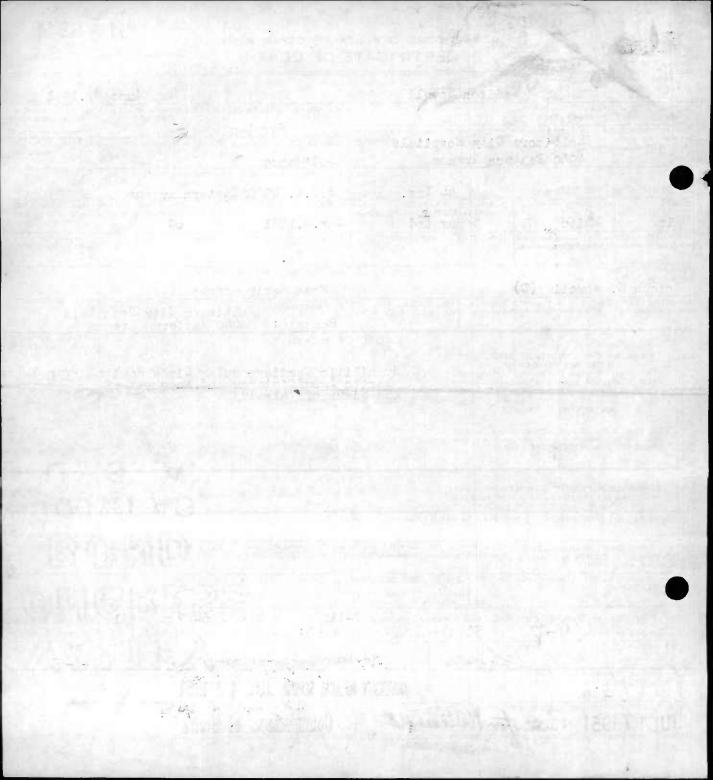
cory.

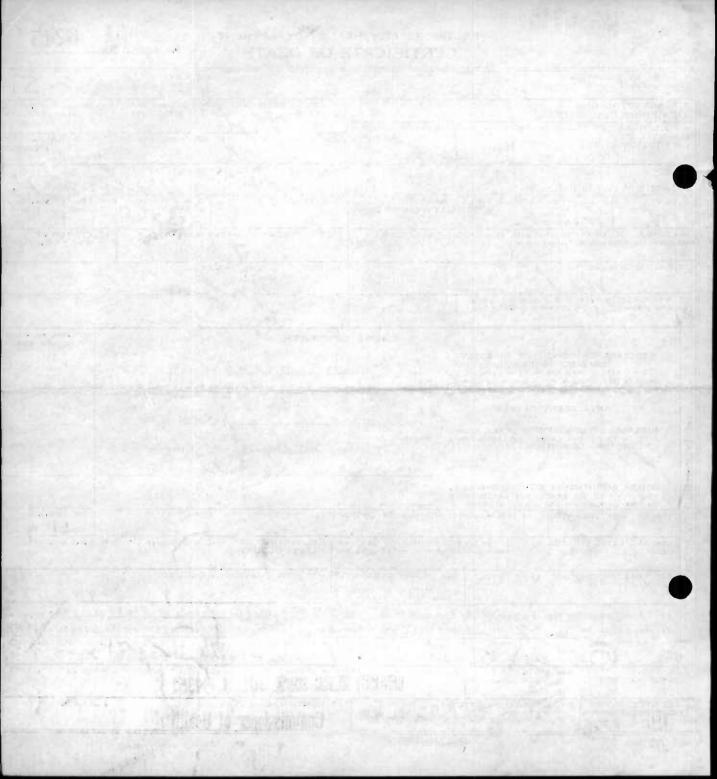
sach clearly and l-



#### BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICATI	E OF DEATH	registered	110
	NAME OF D		adison	Howell		2. DATE OF DEATH OF DEATH	ne 27,1951
A.	FULL NAME	EATH: lity, Maryland OF (If not in hospite	al or institu	tion, give street address or	4. USUAL RESIDENCE (		
	OSPITAL OR NSTITUTION	Baltimore 4940 East		Hospitals Iocation)	c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give
G	Length of st	ay in Baltimore		Yrs. Mos. Days	B.C.H. 4940 Eas		
5	sex ale	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify) parated	8. DATE OF BIRTH Nov. 4, 1881	9. AGE (In years	ff Under 1 Year on the Days Hours Min.
wor	DA. USUAL OCC k doos during most o	CUPATION (Give kind of f working life, eveo if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Joseph M.	Howell (D)			14. MOTHER'S MAIDEN N		
15		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Ha	ADDRESS SPITALS
CERTIFICATION	DISEASES RISE TO TH UNDERLY  OTHER SI TRIBUTING	e, asthenia, etc. It mean complication which complication which complication which complication which complication conditions. If the above cause (a) in a condition condition condition condition the death, but	ES  ANY, GIVING THE STATING TH	(B)	itic Cardiovascul c Insufficiency a nus of Valsalva	and Aneurysm	or
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICAL		ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID ( to.) INJURY OCCUR?	If in Baltimore City,	
Σ	INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby deccased all 23A. SIGNAT	ve on 6-27	, 19_51	and that death occur	-11 , 19 47 to red at 3:30pm., from t 3B. ADDRESS 4940 Eastern Aven	the causes and on	that I last saw the date stated above 23c. DATE SIGNED 7-6-51
Z.	4A. BURIAL, C ON, REMOVAL (S)	REMA- 24B. DATE pecify)		24C. NAME OF CEMETER UNIVERSITY N		OCATION (City, town	n, or county) (State)
	ATE RECEIVED		SIGNATE AND	Laure M. P.	25. FUNERAL DIRECTOR	Health	ADDRESS
	VS 150	4200	100円の日本	(B)C) Glorial (1)	8 4 x		30E





- S30 51 6246

#### BALTIMORE CITY HEALTH DEPARTMENT

R	IRTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF D		ohn Smith (John V.Sm	ith)	2. DATE OF 7-I	5 <b>-</b> 5I
A.		EATH: City, Maryland		4. USUAL RESIDENCE (W	DEATH	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit I500 E.Lafay	al or institution, give street address or ette avenue location)			write RURAL and give township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	9
C.	Length of s	tay in Baltimore	46 Yrs. Mos. Days	I500 E.Lafayet		
	sex Male	6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9,1878		ths Days Hours Min.
1C worl	A. USUAL OC k done during most of brick-	CUPATION (Give kind of of working life, even if retired) Layer	Buildings INDUSTRY	711. BIRTHPLACE (State or fo England	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	Willier Willier		0	14. MOTHER'S MAIDEN NA Margaret	AME	
(Ye	S. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date None	D FORCES? 16. SOCIAL SECURITY NO. 216-01-2287	17. INFORMANT Mrs.Theresa MSm		DRESS fayette Ave;
CATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	DIRECTLY TH of dying, e.g., ins the disease, caused death.)  DUE TO  SES  (B)  F ANY, GIVING STATING THE DUE TO	of DEATH , his Henry	<i>0</i>	onset and death  3 duys
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION		inselevete	Heart	x yeurs
	19A. DATE C	F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
2	ID. TIME	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	Marie Charles of the State of t	OCCUR?	
		ive on 7/14	tended the deceased from 1951, and that death occur	7/14/5/, 19_, to_7 red at /4 m., from the control of the control	ie causes and on th	that I last saw the e date stated above. 23c. DATE SIGNED
Z/ TI	4A. BURIAL, (SON, REMOVAL (S	pecify)	24c. NAME OF CEMETE Holy Redeemer	RY OR CREMATORY   24D. LC	OCATION (City, town, o	
	ATE RECEIVED CAL REGIST	D BY   REGISTRAR	SSIGNATURE	25. FUNERAL DIRECTOR George J. Ruth, Inc		ADDRESS
-	VS 150	49 /	Se Se	Heorge John 1	me HOO	93)

## WILLIAM HARRISON

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6247

Registered No.

	INTITIO.						
1.	NAME OF D Type or Print)	1/1/2	TAM HAF	OPTON		2. DATE OF	, ra
	PLACE OF D		JIAN PA	US LOVIA	4. USUAL RESIDENCE (V	Vhere deceased lived, 1 B. COUNTY	f institution : residence before admission
B. H	FULL NAME OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)		0-4-	its, write RURAL and giv
2	U	NIVERSITY HOS	SPITAL		Pt. of Crownsv	rille State F	township
	ength of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	- 1000
5	SEX	6. COLOR DR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Year   It Under 24 Hours
	Hale	Negro		ED, DIVORCED (Specify)	??	42	onths Days Hours Min
1 ( wor	A. USUAL OC k dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	0.0.
		??		The state of the s	CLA IRA ??	HARRISON	1
(Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
_	??				CLAIRA HA RRISO	N, CHURCHHII	
	(This does heart failu	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of	FH of dying, e. g ns the disease aused death	., (A)GENE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABDVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO	ER NEPHRON NEPHRO		10 da ys
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	GENE	RAL PARESIS		years ?
AL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICAL	21A. ACCID LYING OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., id arm, factory, street, office bldg., e	o or 21c. WHERE DID (I	f in Baltimore City,	200-3
Σ	21D. TIME INJURY	(Month) (Day) (Year)		YHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	deceased gi	ive on 7/12/51			red at 6 P.m., from to		_, that I last saw th the date stated above
	23A. SIGNA	Roger N.	Seate	м. р.	38. ADDRESS University Hospit		23c. DATE SIGNED
	AA. BURIAL, (SON, REMOVAL (S		2	24c. NAME OF CEMETE	RATIV MEDICAL SCHOOL SULL	1 6 1951	n, or county) (State)
	ATE RECEIVE DCAL REGIST		SSIGNATU	Mians, M.B.	Commissioner of Ho	alth	ADDRESS
	VS 150	mash	- 一大学	Espirated and St.	1.1.1	1	12212

original to the second of the

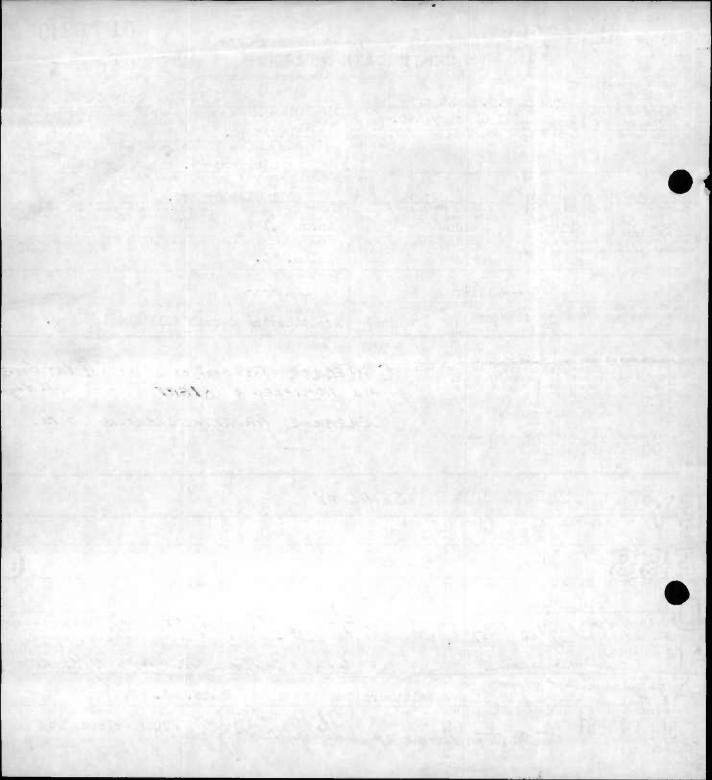
1 2551 6248

1.630	CEDTIFICAT	E OF DEATH	Registered No.	
BIRTH NO.	CERTIFICAT	E OF DEATH	registered mo	
1. NAME OF DEGEASED (Type or Print) Seneve Mee	Mast.	N 2	OF DEATH 7/1	5-151
a. Baltimore City, Maryland /574	Division 5x	4. USUAL RESIDENCE (When		titution : residence before admission
B. FULL NAME OF (If not in hospital or insti	ution, give street address or location)		side corporate limits, w	• DIVDAT I
HOSPITAL OR INSTITUTION Providen Hospital or institution Providen Hos	6. X.	Baltomare	Md	14- township
	1 2 Yrs.	D. STREET ADDRESS (If rure	al, give location)	110
c. Length of stay in Baltimore  5. SEX [6.COLOR OR RACE] 7. SING	— Days LE. MARRIED.	8. DATE OF BIRTH 9	AGE (In years) If finds	er i Year   II Undur 24 Hours
F Col	WED, DIVORCED (Specify)			s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Vd. (	1, S. H
Alfred for Ker		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
18. 2144	CAUSE	OF DEATH	•	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL			1 /.	ONSET AND DEATH
(This does not mean the mode of dying,	1.8., (A) FUI	monery In	bolism.	1dey
heart failure, asthenia, etc. It means the dis- injury or complication which caused de-	ase, th.) DUE TO			
ANTECEDENT CAUSES	uter	ne F. broid	/	11111000
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. U	ING	114 11 07010	***************************************	"yy
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
	(c) Seco	nday Anena	<u>,</u> d .	7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELA		1 11		2
O TO THE DISEASE OR CONDITION CAUSING	IT. O.C.O.	ndary Hhei	Mid.	
19A. DATE OF OPERATION 19B. MAJE	10/4a I	broid-Bilsten /Sal.	pon stic	YES NO Z
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. P about hom	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If An etc.) INJURY OCCUR?	Baltomore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJURY OF	CCUR?	
, INJURY m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th		- 13 1951, to 7.	-16,195/ti	hat I last saw the
	, and that death occur	rred at 2 Pm., from the c	causes and on the o	
Dere I de		1202 4 Const	ice 87	7/16/5-
24A. BURIAL, CREMA- 24B, DATE TION, REMOVAL (Specify)	PAT INTERES	RY OF CHEMATORY 24D. LOCA	ATION (City, town, or o	(State)
DATE RECEIVED BY REGISTRAL'S SULLA	AFF.	25 FUNERAL DIRECTOR	AL AL	DEESS
7 1951	mane, M.R.	12 Brooks	might 14	53 Mary &
VS 150	A STATE OF THE STA		11 121	1
			134	al

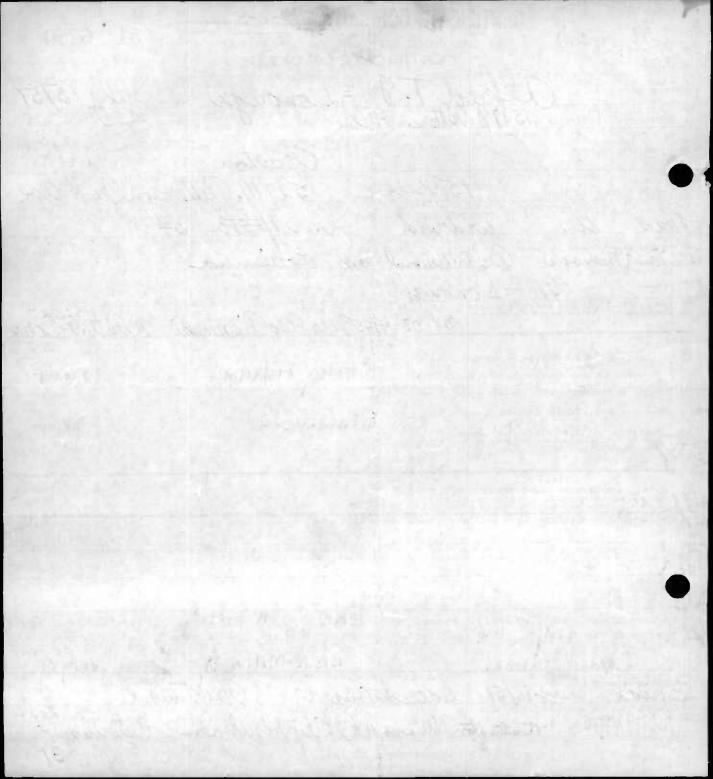
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	outher.	OL	181	J
egistered	No.			

BIE	RTH NO.						
1. (Ty	NAME OF Di	ECEASED				2. DATE OF	/
` `		Anna	M.C.Gue	enther		DEATH 4	July 14/51
A. ]	Baltimore C	Eath: City, Maryland 40	11 Ches	sley Ave. (6)	4. USUAL RESID	B. COUNT	red. If institution: residence TY before admission)
HO	SPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)			e limits, write RURAL and give
64					Balt	imore Md.	7 - 05 township
			-	Yrs.	D. STREET ADDR	ESS (If rural, give location	on)
G.	Length of st	tay in Baltimore		Mos.  life Days	4011 0	hesley Ave.	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRT	9. AGE (In yes	ars   If Under 1 Year   II Under 24 Hours
	Female	White	Wid	VED, DIVORCED (Specify)	March 8,18	74	y) Months Days Hours Min.
IOA ork	OSUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		none	none		Balto. Md.		WHAI COUNTRY
13.	FATHER'S N	AME			14. MOTHER'S MA	IDEN NAME	
			-Mille	r	Anna	-	
15,	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16, SOCIAL	17. INFORMANT		ADDRESS
Y 08,	no or unknown)	(If yes, give war or dates	of service)	security No.		ne Dorsch 4011	Chesley Ave.
	18. 30,0	X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEAT	DIRECTLY	0.50	FRANK T	40-10 D-616	4 YRS.500
	(This does	not mean the mode o	f dying, e. i	8., (A) LETE	EDRAL I	HROMBOSIS	7 723.074
	injury or	complication which c	aused death	DUE TO and	HEMIPLES	IA (RIGHT)	11 day
		ANTECEDENT CAUS	F.C.				
-		ANTECEDENT CAUS	ES	CER	EBRAL A	RTERIOSCLEN	cosis 10 YRS.
	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	4G			
	UNDERLY	HE ABOVE CAUSE (A)	STATING TI	HE OUE TO			
5				(C)	•••••••••••••••••••••••••••••••••••••••		
		- 11					
		II IGNIFICANT CONDI			11		
		TO THE DEATH, BUT SEASE OR CONDITION			177		
. "				FINDINGS OF OPER	ATION		20. AUTOPSY?
		0					YES NO
5 -	21A. ACCIDI	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE	OID (If in Baltimore (	City, give exact location)
2 -	LYING OR	CONTRIBUTING	about home,	farm, factory, street, office bldg., s	etc.) INJURY OCCU	R?	, g
	D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJURY		m	WHILE AT NOT WHILE			
-				WORK L AT WORK L	1- 11	7 -/11	-1
		certify that I att	ended the	deceased from	194	1, to 1/7,	1917, that I last saw the
	deceased al		, 195/		red at Z - A.m.	, from the causes and	on the date stated above
	23A. SIGNAT	7- , -	,	2	3B. ADDRESS	/-	23C. DATE SIGNED
		My womack		M. D.	655/ (Dec	en Re 6	1 1/16/31
24/	N. REMOVAL (SI	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY		town, or county) (State)
	Burial	July :	17/51	Baltimore C	Lem	Balto. Md.	
DA	TE DECEIVE	DV I DECICEDADO		JRE 1	20 FUNERAL DU	ECTOR	ADDRESS
	CAL REGISTI	1951	4-1	131	Chillip A	0 .//	Orleans St
	VS 150			The state of the s		1/	dop
		a are Manage	ST .	SA PER TO THE PER SE OF THE		V	X 3 (2)



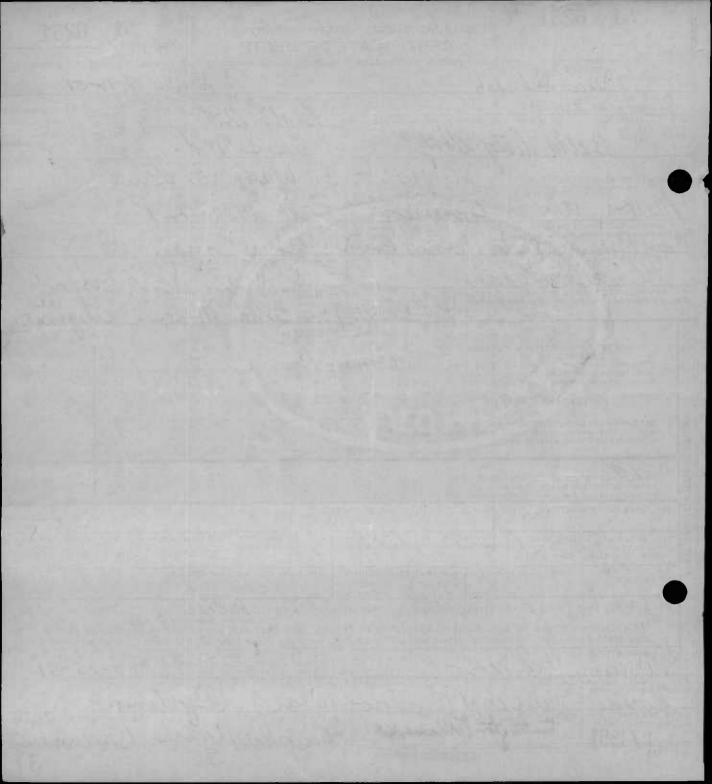
1	CERTIFICATE CORRECTED 7-25-51	
-	51 6250 BALTIMORE CITY HEALTH DEPARTMENT 5:	1 6250
0	CERTIFICATE OF DEATH Registered	l No.
1	I. NAME OF DECEASED ( ) )	1 1-1-
	(Type or Print) (Gled 1. M = Lonough DEATH )	ely 13/57
A	Baltimore City, Maryland 1527 Rutteren Production STATE B. COUNTY	If insultation: residence before admission
H	8. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION  (If not in hospital or institution, give street address or location)  C. CITY OF TOWN (If outside corporate line)	nits, write RURAL and give
	Balto. 8	- O 4 township
C	Length of stay in Baltimore  How we have a stay in Baltimore  How we have a stay in Baltimore  Yrs. Mos. Days  Days  Days  Days  Days	Park are
5	SEX / 6. COLOR OR RACE 7. SINGLE, MARRIED. (8) DATE OF BIRTH 1894 9. AGE (IN years)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
TO	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) is done direction of the country of porking life, even if retired)	12. CITIZEN OF
46	Delant Manager Walls Maluna Book Louisania	WHAT COUNTRY
13	3. FATHER'S NAME ME DONOUAL) 44. MOTHER'S MAIDEN NAME	
15 (Ye	5. WAS DECEASED EVER IN 0, S. ARMED FORCES? 16. SCIAL 17. INFORMANT 17.	ADDRESS L527
_	×18-03-4145 / Ma Vila Kirumaki 11.	Vatt. Vk ave
	18. 420   CAUSE OF DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	3 where
11	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.) DUE TO	
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	and a
NOI	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	unlum
SATION	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	ulum
IFICATION	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	when?
RTIFI	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	ulum
CERTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ulums
L CERTIFI	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
EDICAL CERTIFI	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING 21C. WHERE DID (If in Baltimore City About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
L CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	YES NO
EDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  CAUSE OF DEATH	YES NO
EDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 19 19 , to 19 19	YES NO
EDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldgetc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 19 to 19 to 19 deceased and ve on 19 to 19 and that death occurred at 19 m., from the causes and on 19 to 19 deceased and ve on 19 to 19 and that death occurred at 19 m., from the causes and on	YES NO
MEDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE WORK AT WORK AND ADDRESS AND ADDRESS MM. D.  23A. SIGNATURE  23B. ADDRESS  M. D.  23B. ADDRESS  M. D.  23B. ADDRESS  M. D.  23B. ADDRESS  M. D.  23C. WHERE DID (If in Baltimore City INJURY OCCUR?)  19	YES NO
MEDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, officebildg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK 19 to 1	YES NO
MEDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, officebidg., etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  INJURY  WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK	YES NO
MEDICAL CERTIFI	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.)  CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WOR	yes No



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

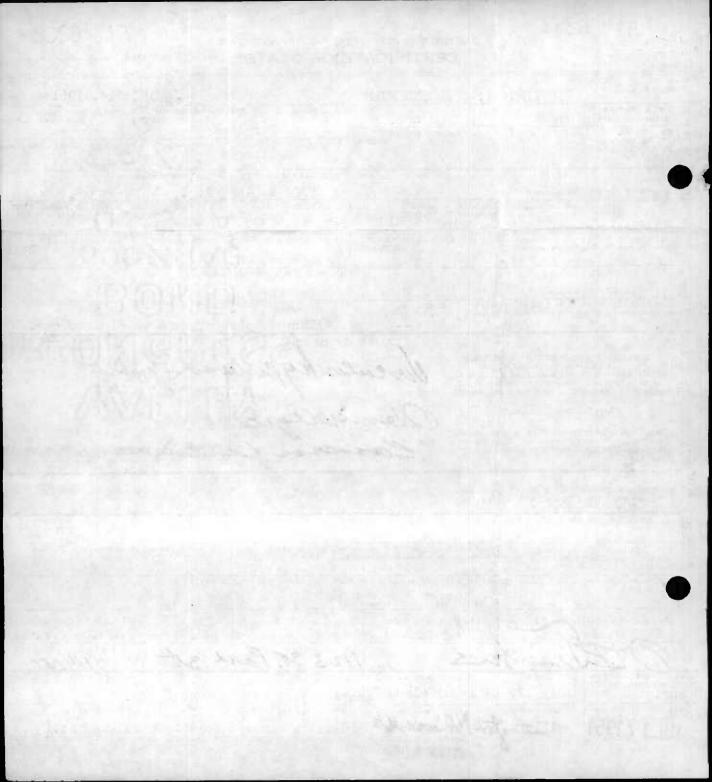
51 6251 Registered No.

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Clayere Leash	2. DATE OF DEATH 7-14-51						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY  • before admission						
B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR location)	1 Davidin						
INSTITUTION Balia lity 1800	Essex Ma township						
ength of stay in Baltimore 1042, Mos. Days	30 Wayners Land						
19 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Sadar   Year if Under 24 flours Min.)  10. AGE (In years if Sadar   Year if Under 24 flours Min.)						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if getired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME OPERATOR VENNO LOSEP	Jok Jema.						
Ad letter small as II.	14 MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	mrs. Lillian M. Lough When the						
18. 420,   CAUSE	OF DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ary Occlusion						
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
(c)							
OTHER SIGNIFICANT CONDITIONS CON-	The second country of						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.							
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?						
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or   21C. WHERE DID (If in Baltimore City, give exact location)						
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?						
WHILE AT NOT WHILE M. WORK AT WORK							
22. I certify that I took charge of the remains described above, held an Autopsy, hispection or Inquiry							
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes ▶, accident □, suicide □, homicide □, undetermined □.							
23A SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER						
24A. BURIAL, CREMA-1 24B. DATE 24C NAME OF CEMETE	.D.   MEDICAL INVESTIGATOR						
TION REMOVAL (Specify)	Oxidae Baltimol						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNEBAL DIRECTOR ADDRESS 2024						
11 1 7 1951 manger / 10 manger	ThilipHerry one Orleans at						
V S 151	De 0 910 31						



	50		BAL	TIMORE CITY HE	ALTH DEPARTMENT		ULUL	
2	0			CERTIFICATI	E OF DEATH	Registered No-		
_	RTH NO.							
	NAME OF D		IA A. S	PANGENBERGER		OF July 14	, 1951	
A.		City, Maryland 23			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					Maryland  c. CITY OR TOWN (If outside consonate limits, write RURAL and given Baltimore township			
7				Vwa	D STREET ADDRESS (If	rural give location)		
C. Length of stay in Baltimore  Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 2305 Ashland Ave.,			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,					8. DATE OF BIRTH	9. AGE (In years last birthday) Month	er I Year   If Under 24 Hours	
F	emale	White	Married (Specify)		Feb. 21, 1892	59	Days Hours Mill	
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY			
-10	At hom				Baltimore, Md.	Market Michael V		
13	. FATHER'S	IAME			14. MOTHER'S MAIDEN NAME			
	Henr	v Mattes		HELEN WITCH	Eva Ehrman			
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
`	No.				Wilbur Spangent	perger 2305 Ash	land Ave.	
ERTIFICATION	CEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO  CONDITION LAST.							
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?		
A		Y I					YES NO	
YE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)						exact location)		
M	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from, 19, to, 19, that I las							
	deceased alive on and that death occurred at m., from the causes and on the date stated about							
	23/ 9/G A	Draw	In.		123 St. Paul		7/16/5/	
TI	AA. BURIAL, CON, REMOVAL (S Burial	GREMA- 24B. DATE July 17		Moreland "emo		rkville, Md.	county) (State)	
-	ATE DECEIVE		CCICNATI		SE FUNERAL DIRECTOR		DDRESS	

Ulirich Funeral Home 2008 Orleans St.,



CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EZRA MICGYAW 7-13-1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1612 CAYlos 184. B. COUNTY before admission) MANIANO B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Altinoure Yrs. D. STREET ADDRESS (If rural, give location) Moon CAYLOS TEYY ACE Length of stay in Baltimore Dans 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 6-15-1884 HALC DIVOY RED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Porter U. S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1110 GLAW MArion MOSAIL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO 1600 CAYlos 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Carcinoma Ridirey injury or complication which caused death.) ANTECEDENT CAUSES c Carolio Vascular Ris OIL DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO NI CONTENOSCO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 2C. AUTOPSY DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY

WHILE AT NOT WHILE!

WORK July 12, 1951, to

22. I hereby certify that I attended the deceased from.

deccased alive on\_ 11-19 5 I and that death occurred at 10 & m., from the cauces and on the date stated above

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

uly 13, 1951, that I last saw the

ADDRESS

REGISTRAR'S SIGNAT

24A. BURIAL, CREMA- 24B. DATE TION SEMOVAL (Specify) Deirial

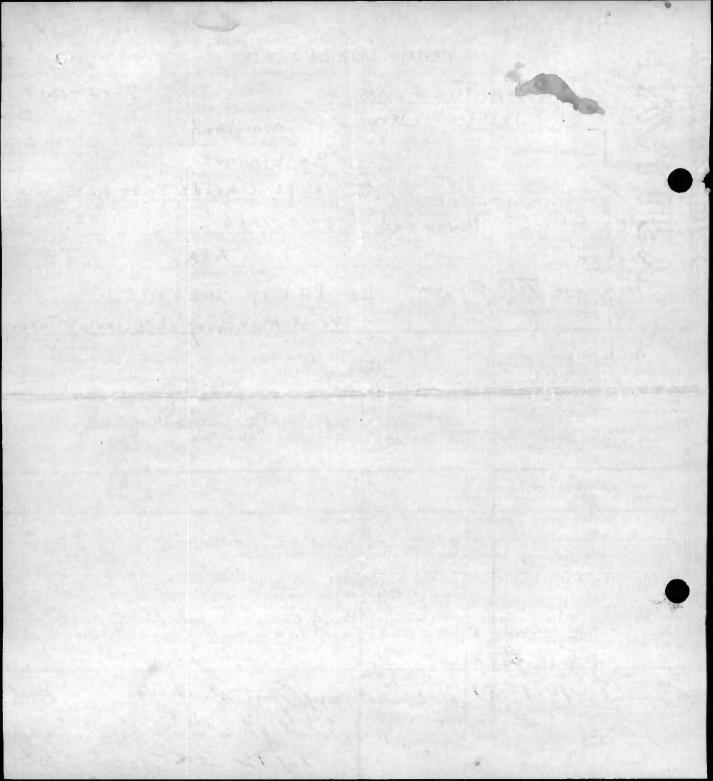
23A. SIGNATURE

LOCAL REGISTRAR

DATE RECEIVED BY

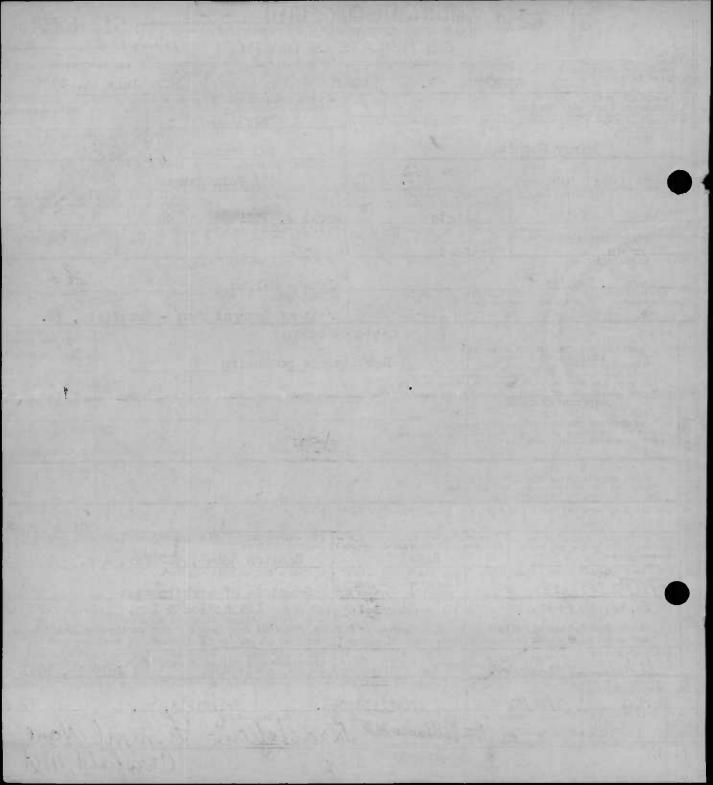
23c. DATE SIGNED

(State)



5	35	51 625	4 CE	KIIIIC/ LTIMORE	CITY HE	RRECTED	7-23- TMENT-	-51 Registere	51 d No.—	625	4
-	IRTH NO.			OLIVIII	TOATE	OI DEA					
(7	NAME OF DECE Type or Print)	RO	BERT	E.	LANDO			D-075171	uly 14		
	. PLACE OF DEAT . Baltimore City,					4. USUAL RESI	DENCE (W)	here deceased lived B. COUNTY		tion : resi before a	
H	FULL NAME OF OSPITAL OR ISTITUTION	of not in hospita	al or institut	tion, give stree	et address or location)	c. CITY OR TOW	ryland	outside corporate l	imits, write	RURAL	and give
	M	lercy Hospi	tal		Yrs.	D. STREET ADD	ltimore		03	t	ownship
	ength of stay	in Baltimore			Mos. Days	51	2 Park	Avenue			
	Male 6.0	White	WIDOV	E, MARRIED VED, DIVORC		8. DATE OF BIR		9. AGE (In years last birthday)	Months D		der 24 Hours rs Min.
10 wor	DA. USUAL OCCUP k done during most of work	ATION (Give kind of king life, even If retired)	10B. KINE	OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE				HAT CO	
13	FATHER'S NAM	Ξ	Seafo	104		14. MOTHER'S M	MAIDEN NA	ME			
	Robert A.	Landon				Blanche Ke	llam				
15 (Ye	w, no or naknown) (1	ER IN U. S. ARMED	FORCES?	16. SOCIA		17. INFORMANT			ADDRES	SS	
Y	es no W	orld War	2	216-12		Bradshaw Fr	uneral	Home - Cri	sfield	I, Md.	
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  Barbiturate poisoning  (A)  DUE TO									TERVAL I	
CERTIFICATION	DISEASES OF RISE TO THE A UNDERLYING										
ERTIF	TRIBUTING TO	II IFICANT CONDIT THE DEATH, BUT SE OR CONDITION	NOT RELATE	ED							
Ü	19A. DATE OF O			FINDINGS	OF OPERA	TION				O. AUTO	
AL			l ara Br	CE OF IN II	104 /- : :-	or   21c. WHERE	DID /Is	i- D-14i Cit		ES L	NO L
EDICAL	21A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	about home,	ACE OF INJU farm, factory, stre Hotel	et, office bldg., et	INJURY OCC	UR?	in Baltimore Cit  1, 512 Par			on,
Σ	21b. TIME (Mont	th) (Day) (Year)	. ,	21E. INJURY		2 IF. HOW DI	D INJURY	OCCUR?			
K	7/14/51		m.	WHILE AT WORK	NOT WHILE			arbiturate			
	the evidence and death	e obtained by in my opinion	said Auto	psy, Inspe	etion or In ral eauses	quiry, find tha  , accident   23B. CHIEF M ASSISTANT M	Autopsy, In at said dee , suicide [ MEDICAL EXMEDICAL EX	spection or Inquiecased died on , homicide	the day, undeter	rmined E SIGNI	above.
	AA. BURIAL, CREM	A- 24B, DATE	1	24c. NAME c	M.I F CEMETER	Y OR CREMATORY		CATION (City, to	July wn, or coun		951 (State)
D/ LC	Burial ATE RECEIVED BY DOCAL REGISTRAR	7/18/51 REGISTRAR'S	signatu		sfield (	Fracty Tracky	Crist RECTOR!	Time	ADDE	RESS	ne
V	S 151 N -	971.0	a servin	HALL STATE OF THE PARTY OF THE	Maria	1012	16	3B Cris	efiel.	d, NI	Md.

27.



# 51 6255 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6255

B	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	110
	NAME OF D					2. DATE	
			LLIE WE	HITE		DEATH JU.	ly 15, 1951
	Baltimore C	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or			
	OSPITAL OR	2115 Homew	ood Ave	location)		f outside corporate lin	nits, write RURAL and give
11	10	2220 11011011	000 2110		Baltimore	7-1	) 8
				Yrs. Mos.	D. STREET ADDRESS (II		
		tay in Baltimore		Days	2115 Homewood		
2	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
-	female	white		lowed	April 15, 1880		
MOL	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
_	Practics			Nursing	Maryland		
13	B. FATHER'S N				14. MOTHER'S MAIDEN N	IAME	
_		Merson			Anna (?)	STATE OF THE STATE OF	
(Ye	. WAS DECEASE	D EVER IN U, S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	-			0200111110	Mr. Howard Whi	te - 5021 Ce	edar Ave.
	18. 260	× .		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION					ONSET AND DEATH
	(This does	not mean the mode o	f dying, e, s	, (A) CORO	ONARY IhRO	MBOSIS	SOWIN
1	heart failus injury or	rc, asthenia, etc. It mea complication which c	ns the diseas aused death	e,			
		ANTECEDENT CAUS	FC	0			
z	,			(B) WEA	TERALIZED A	RTERIOSCLA	ROUS NOET.
9		OR CONDITIONS, II		E OHE TO			
A	UNDERLY	ING CONDITION LA	ST.	(c) Dis	BETES MEL	LITUS	9405
FIC							
RTIFICATION	OTHER SI	II IGNIFICANT CONDI	TIONS CON				
CE	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
1				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICA		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (	If in Baltimore City	give exact location)
ME	CAUSE OF I	CONTRIBUTING DEATH	about aome,	an milanest 1 an east office pide i	INJURY OCCURY		
2	210. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
L	MOOKI		m.	WHILE AT WORK AT WORK			
	22. I herch	y certify that I att			CEPT 19 1051 10 1	1.1.15 10	K lahas I land annu sh
H	deceased al.	ive on Jun 22	1951	and that death occur	red at 23 A.m., from t	he causes and on	the date stated above
	23A. SIGNAT	URE		2	3B. ADDRESS		23c. DATE SIGNED
6	Car	(wass)		tes M.D.	11 C. Char	e 44.	JULY 17 1951
2.	4A. BURIAL, C ON, REMOVAL (S	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, of county) (State)
	Burial			Loudon Park C	em. Balt	o Md	
	ATE RECEIVED	BY   REGISTRAR	SIGNATA		29. FUNERAL DIRECTOR	1	ADDRESS
1	11 1 7 10	51 15.40	retor	MAN WORKEN PLANTE	Ilm. & Vin	lever & a	Smo-
4	VS 150	J	6	SET MAIN TO SERVE	VIII / JOU	10000	1 th mi
		1. milation	ME THE	DIA. S.	eigh V	61 (1	sallo IIIa.
		,		18	1011	01	01

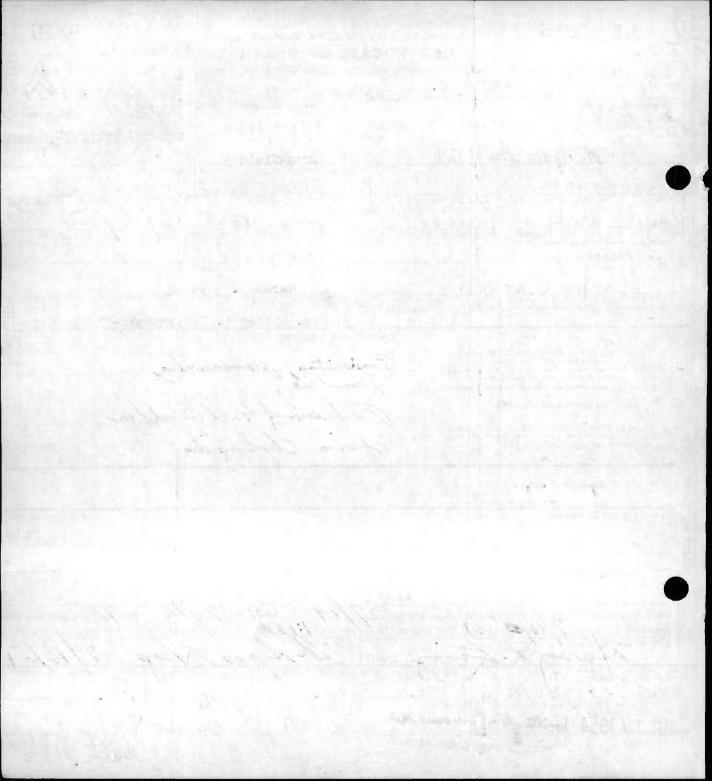
There is a second of the secon STEEL ST 61 male of the 16 Carl of Visa

# 51 6256 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6256

Registered No.

BIRTH NO.								
1. NAME OF DECEASED (Type or Print) SARAH C. COON	PZ 2. DATE OF DEATH Suly 16 1951							
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4/ USUAL RESIDENCE (Where deceased lived, If institution residence a. STATE a. COUNTY before admission							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Matuland montgomery							
INSTITUTION of James Hist.	township							
Vrs.	Brookfield  D. STREET ADDRESS (If rural, give location)							
Length of stay in Baltimore Mos. Days	1.500							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years # Under   Year   II Under 24 Hours							
Temple White Married	9-22-1883 67 9 16							
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
13. FATHER'S NAME	MATYLAND							
	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Sarah A Yoss							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ice L							
18. 5 × 5 × CAUSE	Mrs. Milton L. Kohlenstein-213 Maiden Ch							
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH							
(This does not mean the mode of dying, e.g.,	mites paneres thes							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ndie,							
ANTECEDENT CAUSES	Soration of Gall Bladden							
DISEASES OR CONDITIONS, IF ANY, GIVING	DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ch.l. //-							
<u>[0]</u>	me constantino							
OTHER SIGNIFICANT CONDITIONS OF								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	PATION   20. AUTOPSY?							
	YES NO							
2 IA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK								
22. I hereby certify that aftended the deceased from	114 , 1951, to 7/16 , 1957, that I last saw the							
	red at 1:15 Am., from the causes and on the date styled above.							
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED							
24A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, town, or equally) (State)							
D 2 - 2	Com. El Meot City To							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR O ADDRESS							
JUI 171951 remetington / Whater Man	Jim. F. Vickerer & Sus.							
VS 150	( Late MA)							
	128 valvilla.							



Registered No.

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Jeh DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If instit A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or  $N \circ N$ HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. O. STREET ADDRESS (If rural, give location) Mos. Windson. Length of stay in Baltimore Pars 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Sin ale 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? non U1 /4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ng nr unkoown) (If yes, give war nr dates of service) SECURITY NO Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... Œ, RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from. 14 July, 19 \$ 10 / b duly, 19 21, that I last saw the . 19 5 ], and that death occurred at 2:10 Pm., from the causes and on the date stated above. deceased alive on I duly 23a. ADDRESS 23c. DATE SIGNED PLU 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Removal Hamburg, N. Y. DATE RECEIVED BY 25 FUNERAL DIVECTOR ADDRESS VS 150 

18 2010 81 NORTH VITTA It was post and the 60 Mes. 1882 193 Assu Yeste warth as lost M 1 . 18 yours 

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6258

Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) July 16, 1951 EDWARD HOLTON MELOY. Jr. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR US Marine Hospital INSTITUTION Wyman Pk. Drive & 31st St. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 2104 Gwynn Oak Avenue ngth of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Munder | Year | Munder 24 Hours | last birthday) | Months: Days | Hours: Min II Under 24 Hours MIDOWED DIVORCED (Specify 9/29/91 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY Mass. Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. Records- US Marine Hospital, Balto, Md. WW I -Yes 139-14-0528 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma, left lung with (This does not mean the mode of dying, e.g., Unknown heart failure, asthenia, etc. It means the disease. metastasis to floor of skull injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Lung abscesses. right FA 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES X 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 1951 to July 16 1951 that I last saw the Apr. 21 22. I hereby certify that I attended the deceased from\_ deceased alive on July 16/19 54, and that death occurred at 10:40 AM, from the causes and on the date stated above. 23A. SIGNATUR 238. ADDRESS 23c, DATE SIGNED D.W. Patrick fficer in Charge US Marine Hospital, Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 248. DATE Burial Ralto National Cem. Balto. . DATE RECEIVED BY REGISTRAR'S SIGNAT ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

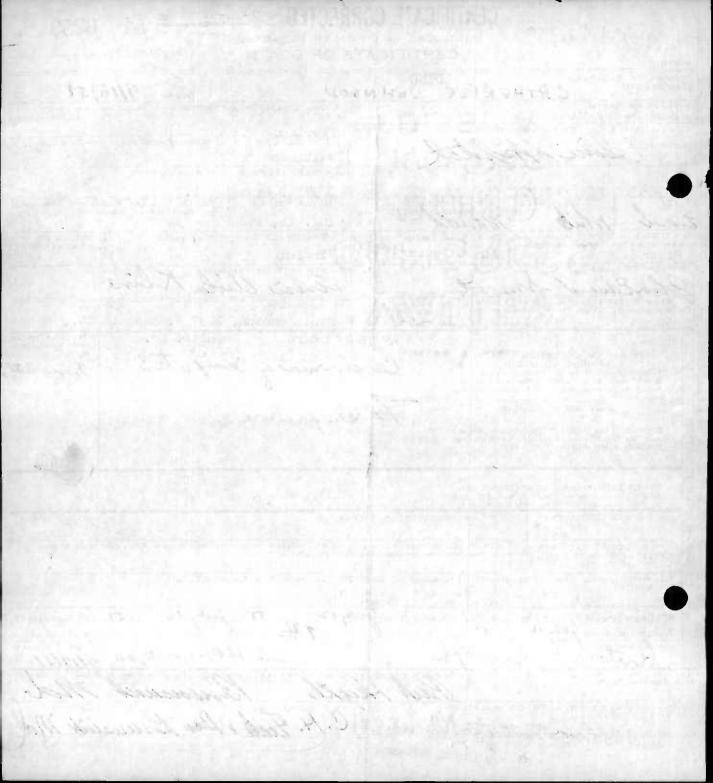
VS 150

feel, it with Ben Lot 1 and the state of t growing side according to CONTRACTOR OF THE PROPERTY OF THE STREET OF delle - meter all composition of files to made or six teams. Loren Total and and an art and a com-The state of the s

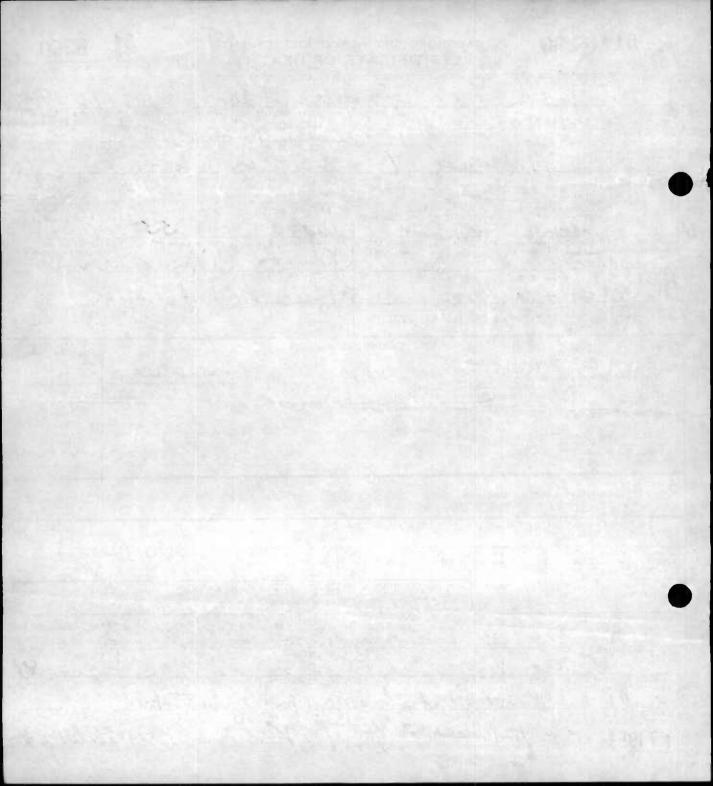
FICATE CORRECTED 7-24-51 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) CATHERINE OF NOSUN HOL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) YrYrs. Mos. ngth of stay in Baltimore 2037 E. Lanvale St Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under | Year last birthday) | Months Days 7. SINGLE, MARRIED WIDOWED, DIORCED (Specify) Hours! Min. naucia Aug. 24, 1916 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Shirt Factory WHAT COUNTRY? Floor Lady Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 220-09-7972 2037 E. Lanvale St.. Paul Johnson. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICAL YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. ebout home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK July 12 22. I hereby certify that I attended the deceased from\_ 19-51 to . 19 If that I last saw the deccased alive on July 16 19 . and that death occurred at 7 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

323 46

48a



220	
51 6260 BALTIMORE CITY HEALTH DEPARTMENT	51 6200
CERTIFICATE OF DEATH A Register	ed No.
BIRTH NO.	
(Type or Print)	1.11.19.00
3. PLACE OF DEATH:  4. USUAL RESIDENCE (Where decease) live	
a. Baltimore City, Maryland A. STATE  B. FULL NAME OF (If not in hospital or institution, give street address or	before admission)
HOSPITAL OR location) C CITY OR TOWN - (If outside property)	imits, write RURAL and give
INSTITUTION 35 1 Rand St. Ballo City	township)
Yrs. D. STREET ADDRESS (if rural, give location	m n E
c. Length of stay in Baltimore Mos. Days	1-03
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In year Widow, DIVORCED (Specify) 1. Bast birthday)	Months: Days Hours Min.
Colored W. Saw Jug 20 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10B. KIND OF BUSINESS OR 11. BY THPLACE (State or foreign foreign)	12. CITIZEN OF WHAT COUNTRY?
Jorla Jalto City	Wolf
13 TATHER'S NAME	0
Charles tagan Telecca Hamme	nd
15. WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, giv war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
18. 42011 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of duing a g	
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease.	<u> </u>
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	• • • • • • • • • • • • • • • • • • • •
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	.,
OTHER SIGNIFICANT CONDITIONS CON-	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH CAUSE OF DEATH	ty, give exact location)
	il-element in
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK   AT WORK   22 I howeher contifer the AT was a later decreased from the AT was a later d	Co.d
22. I hereby certify that I attended the deceased from , to , to deceased alive on , 196, and that death occurred at 3100 m., from the causes and o	that I last saw the
23A. SIGNATURE	n my aute stated acces.
238. ADDRESS	23c. DATE SIGNED
Buffeth 32 M.D. 2/36 Jan / Kell	23C. DATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE 1240 NAME OF CEMETERY OF GREMATORY! 24D. LOCATION (City, to	7/12-181
1 Suffer 32 M.D. 2139 12 / Kell	7/12-181
24a. BURIAL, CREMA- 124b. DATE 110N, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  M. D. 2/3G  M. D. 2/3G  M. D. 2/3G  M. D. 2/3G  Add. Location (City, to the contract of the co	7/12-181
24A. BURIAL, CREMA- 24B. DATE 1269 NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, to Tion, REMOVAL (Specify) 24B. 1957 White Men Jack Cubulus his	wp oy county) (Style)
24a. BURIAL, CREMA- 124b. DATE 110N, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  M. D. 2/3G  M. D. 2/3G  M. D. 2/3G  M. D. 2/3G  Add. Location (City, to the contract of the co	wp oy county) (Style)



#### 51 6261

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) HARRY WIEGEN FISH	2. DATE OF DEATH JUL	1 16 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland	
INSTITUTION C	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give township
18 3. 1194 31	Parlo.	
c. Length of stay in Baltimore  Yrs.  Description	18 S. H194 ST	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der i Year It Under 24 Hours has Days Hours Min.
MALE WHITE WIDOW	77	
10A. USUAL OCCUPATION (Give kind of work done define most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTYGLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NOT KNOWN	NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or duten of service) SECURITY NO.		DRESS
No.	AGRON WREGENFISH-	SAME
18. 16.3 X . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	3 Non mul. lune	3
(This does not mean the mode of dying, c.g., (A)	cy concount years	UMAG
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
Z DISEASES OR CONDITIONS, IF ANY, GIVING		****
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
<u>L</u>		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, giv	YES NO
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	INJURY OCCUR?	e exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE	0/00 0/1/01	
22. I hereby certify that Lat knded the deceased from 5/	19 to ///6/0/ 19	that I last saw the
deceased alive on 7/16/19 and that death occur		
Melton L. Solomon M. D.	38. ADDRESS Broay	23c. D/16/5/5
24A. BURIAL, OREMA- 24B. DATE 24C. NAME OF CEMETE.	RY OR CREMATORY 24D. LOCATION (City, town, or	r county) (State)
Burial 7/17/1951 Mrt la	rmel 1/3alt	Meel
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1111 1 7 1951 structurator Milliames Mars 9	sel Leurs me - 2100 6	utan PC.
VS 150		1/100
24.4		4111

Adams Broadwar

В	3 5 5 5 1 6262  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.	6262
	NAME OF DECEASED LLLIS STEIN 2. DATE OF DEATH 7-1	16-51
	11 11 11 11 11 11 11 11 11 11 11 11 11	titution: residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, was ISTITUTION)	
	1049 Werside We Haltinger 9:	4-0 township
C.	Length of stay in Baltimore 40 Men 1049 werside	los
M	SEX 6.COLOXOR BACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Sheeify) 8. DATE of BIRTH 9. AGE (In years If Unday) Month	or I Year If Under 24 Hours B Days   Kours Min.
1C worl	DA. USUM: OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTOLACE State or foreign country) 12	CITIZEN OF
13	B. FATHER'S NAME	0. 0 7.
15	5. WAS DEPLASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADD	RESS /
(Ye	s, as Ar ujkujuwa) (If yes, give war or dates of service) SECURITY NO. Was January Kabousky -	Lame
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ONSET AND DEATH
	ANTECEDENT CAUSES (1 Sen me Curoni	7
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS /1
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)   21c. WHERE DID (If in Baltimore City, give labout home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	e exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
h	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from 19, to 19, to 19, to deceased alive on 19, 19, and that death occurred at 2 m., from the causes and on the	hat I last saw th
	23A CHATURE DO 23B. ADDRESS	23C. DATE SIGNED
2.	4A. BURIAL, CREMA- 24B. PATE, 24G NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	Bureal 7/17/1951 Wash Od Balso	My
L	ocal registrar lill 17 1951 tutustor White the Sail Seurs Inc - 2/00 Ex	Pau PL

LOCAL REGISTRAR VS 150

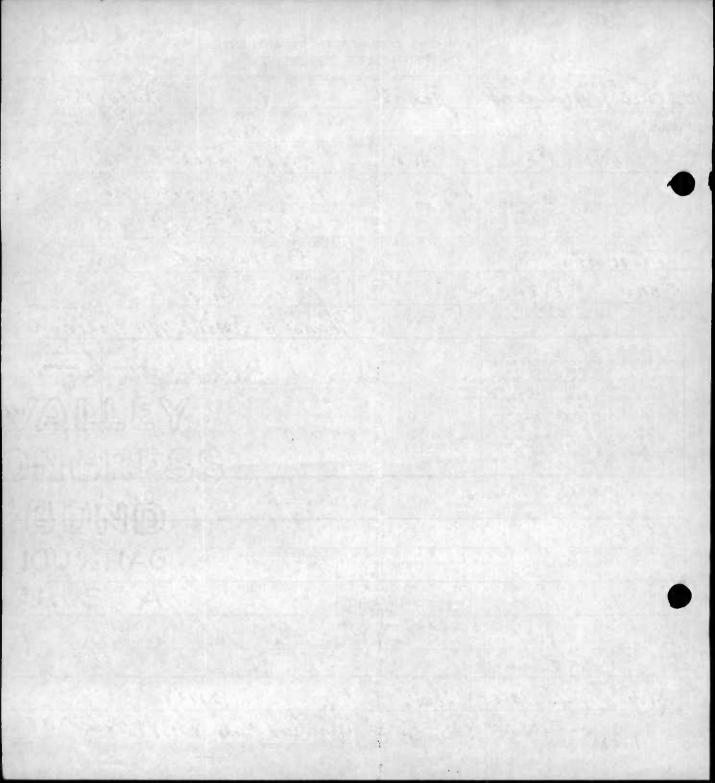
and

clearly

Les for Maria Maria Maria Robbitania delicaria

#### BALTIMORE CITY HEALTH DEPARTMENT

E	IRTH NO.			CERTIFIC	ATI	E OF DEAT	Н	Kegi	stered No	0	
1	NAME OF D	Margi	ek	Vacab	4 .			2. DATE OF	2010	-16-3	-/
3	. PLACE OF D			0	3 .	4. USUAL RESID	ENCE (W	DEATH Where decease B. CO		astitution : res	
H	FULL NAME				ess or ation)	C. CITY OR TOWN	Ma.	outside corpo	orate limits,		
	NSTITOTION	4811 Cro	wsor		37.	100	tim		2-	7-11	township
C	Length of s	tay in Baltimore	ノ	140	Yrs. Mos. Days	D. STREET ADDR	1/4/	rural, give loc		11	
5	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (S	pecify)	8. DATE OF BIRTI	3!07	9. AGE (In last birt)	hday) Mon	tha Days Ho	Under 24 Hours ours Min.
1 wo	rk does during most	CUPATION (Give kind of of working life, even if retired)	IOB, KIND	OF BUSINESS C		11. BIRTHPLACE (	State or fo	preign country	y)   1	i di Cirizen WHAT C	OF OUNTRY
1	3. FATHER'S					14. MOTHER'S MA	IDEN N			•	
	-John	Sterer				Mary	Q.	uy			
(Y	5. WAS DECEAS:	ED EVER IN U.S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N	NO.	Thomas &	Jac	1000.4	2112	DRÈSS 10450m	AUX
	18. 260	1 1		CAU	SE	OF DEATH			V -	INTERVAL ONSET AN	BETWEEN
		SE OR CONDITION LEADING TO DEA	TH		1	1. lok	m.	1. f.		46	1
	heart failt	s not mean the mode of are, asthenia, etc. It mea complication which of	ns the disease		(X.X.				****************	7.3	
		ANTECEDENT CAUS									,
ZO	DISEASE	S OR CONDITIONS, 1	F ANY, GIVING	(B)	••••••	) rum	••••••	• • • • • • • • • • • • • • • • • • • •	***************	1 1	
FA	UNDERLY	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(C)							
IFIC		11		(0)							·····
ERTI	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	0	an	turslim				19	45
L	19A. DATE C		Caraca Carac	FINDINGS OF	OPER	ATION				20. AUT	OPSY?
EDICAL	21A. ACCIE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (	(o. g., ic	or 21c. WHERE	I) (I	f in Baltimo	re City, gi	YES L	NO L
		R CONTRIBUTING [	about home, fa	rm, factory, street, office	bldg.,e	injury occu					,
Z	D. TIME	(Month) (Day) (Year)		IE. INJURY OCC		ED 21F. HOW DID	INJURY	OCCUR?	96270		
			m.	WORK AT V	WHILE	0-	4 .	7/1/	/ = /		
		live on 7/16/			-	red at 1() 31 m		ho aguese a		that I last	
	23A, SIGNA		1	ina vinat acasis c		3B. ADDRESS	f A	l ,	114 011 111	23c. DATE	
2	4A. BURIAL,	CREMA- 24B. DATE	12	M. E	METE	RY OR CREMATORY	240. L	OCATION (C	ity, town, o	r county)	(State)
T	ON. BEMOVAL (S	Specify) July. 1:	9-51	London	8	K		32/60			
	OCAL REGIST		- M. P.	RE COMPANY	5	Um Cook				ADORESS	18
=	VS 150	301		William Care			,,,,,			11	
			. and settings (807-7).	Marie and Millian & Marietan						01	

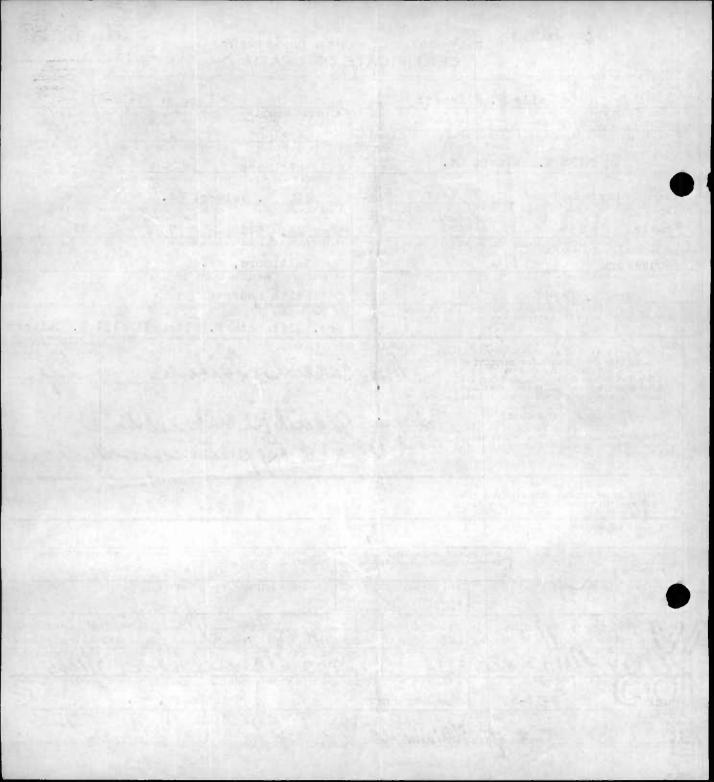


## 51 6265

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No	

BII	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	NO.			
_	NAME OF D	ECEASED				2. DATE				
(T <sub>3</sub>	pe or Print)	Saile	F. E11	ender		OF DEATH 7-I	5 <b>-</b> 5I			
	PLACE OF D	EATH:			4. USUAL RESIDENCE (V	Where deceased lived. If	institution; residence			
		City, Maryland	al on institut	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission)			
HC	SPITAL OR	OF (11 not in nospite	ai or mistrut	location)		f outside corporate limit	ts, write RURAL and give			
IN	STITUTION	3127 N. Ca	lvert S	St.	Baltimore	12-0	2 township)			
				Yrs.	D. STREET ADDRESS (If	rural, give location)	4000			
	Length of s	stay in Baltimore	75	Years Mos. Days	3I27 N. Calv	ent St.				
	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year   It Under 24 Hours			
	Female	White	Widow	ED, DIVORCED (Specify)	May 28, 1876	last birthday) Mo	onths Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	1 4	12. CITIZEN OF			
work	dooe during most	of working life, even if retired)		INDUSTRY			WHAT COUNTRY?			
13.	Housewo				Baltimore, M					
15		n T. Ford ED EVER IN U.S. ARMED	FORCECT	1.10.000111	Edith Andrew	/S				
(Yes	, no or unkoown)	(If yes, give wer or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS			
_					Mrs. Elizabeth E	6. Mitchell 3				
	18. 446	X			OF DEATH		ONSET AND DEATH			
	DISEAS	SE OR CONDITION		14.	Markill - Va	1/4	9			
	(This does	LEADING TO DEAT	f dying, e. g	., (A) "UGO	Carried Color	<i>we</i>	- 4/20 -			
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO						
		ANTECEDENT CAUS	Te		0 1 0					
7		ANTECEDENT CAUS	E3	XILIUU	General Get a	Kleristell	erci			
0		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE								
A		YING CONDITION LA		and the	red lupu	lesson -	Mears,			
FICATION				(C)						
		11								
ERT		GIGNIFICANT COND! TO THE DEATH, BUT					14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Ü,		ISEASE OR CONDITION		The state of the s						
4	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
O.	214 ACCID	ENT WAS UNDER-	I oun mi a	CE OF INJURY (e. g., ie	- Late Wilens Dip. (	Is in D-14i Cit-	YES NO			
MEDICAL		R CONTRIBUTING [		arm, factory, street, office bldg., e		If in Baltimore City,	give exact location)			
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F, HOW DID INJUR	Y OCCUR?				
B.	INSORT		m.	WORK HOT WHILE		1				
	22 I homah	y certify that att	. 7.7.47	3 1 6	10/140	2/15 105	7, that I last saw the			
	ascd a	line on a	10-5	and that death occur	med at 10 450m from t		he date stated above.			
	28 / UGNA	TURE	-, 10,	ena chat aeath occur	38. ADDRESS	ne causes and on t	23c DATE SIGNED			
0	1111	mowar	eles	M. D.	900 Warne	da Ohn	7/16/51			
24 TIO	A. BURIAL, N. REMOVAL (S	CREMA- 24B, DATE	- 6	NAME OF CEMETE		OCATION (City, town	or younty) (State)			
	Burial	7-17-8	I	Loudon Park	Bal	ltimore, Md.				
	TE RECEIVE		SIGNATU	RE .	25. FUNERAL DIRECTOR	5 6	ADDRESS			
J	UI 171	951	inter!	Milliance M.B	Tim Good Tour	1217 1 (/2	el AT			
	VS 150			a la	my war store		05			
		. Ash.	1077	Caralle annual of			931			



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6266

50

BIRT	TH NO.			CERTIFICATI	E OF DEATH	Registered No.	
1. N (Typ	AME OF D	MARY B	URKARD			of July	16, 1951
A. B	JLL NAME	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland		titution : residence before admission
INST	PITAL OR FITUTION Man Pk	US Marin Drive & 31s	e Hospi	tal location)	Baltimore	outside corporate limits, v	vrite RURAL and giv
0		tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location) AVONUO	
5. \$1	F	6. COLOR OR RACE	۵	MARRIED, ED, DIVORCED (Specify) Ingle	8. DATE OF BIRTH 8/17/83	9. AGE (In years M Und last birthday) Month	ler I Year   H Under 24 Hours Bays Hours Min
work do	NONE	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	WHAT COUNTRY
		Burkard			14. MOTHER'S MAIDEN NA Johanna Rasch	ME	
15. V (You, n	WAS DECEASE to or unknown)	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US Mar	cine Hospital,	Balto, Md
CERTIFICATION	(This does heart failu Injury or DISEASES RISE TO T UNDERLY	DE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA  II IGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION	f H f dying, e. g f dying, e. g s the disease aused death EES F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE	DUE TO POSOCO  (B)	ocarcinoma of left cted 1949; metasts s and regional lym	ases to liver,	Approx. 2-3 yrs.
_   _				FINDINGS OF OPER			YES NO
2 dd 2 1 2 2 4 A.	TAUSE OF CAUSE OF ID. TIME (FINJURY)  22. I hereby deceased all 3A. SIGNAT BURIAL, C	Month) (Day) (Year)  y certify the lattive on July 10  URE  Grick, Modica	(Hour) m. ended the	and that death occur	Ly 13 1951, to Jured at 5:20A m., from the Jury Marine Hospital	aly 16, 19 5, the causes and on the	hat I last saw th date stated above 23c. DATE SIGNED 7/16/51
POL.	REMOVAL (S	Pecify) 7/14/5	r/	Loudon &	25. FUNERAL DIRECTOR	Balto sua	DDRES6
	AL REGIST		tington	Philippine 1	Wim Cook 9"	10. 1217 Pi	Band s.

10.11 · Tormon west or detailed in 1961 between . safer a work face tithe from a forth . 16 11 SEN Lynnym F. E. Same the same of the same of the same of the same of

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

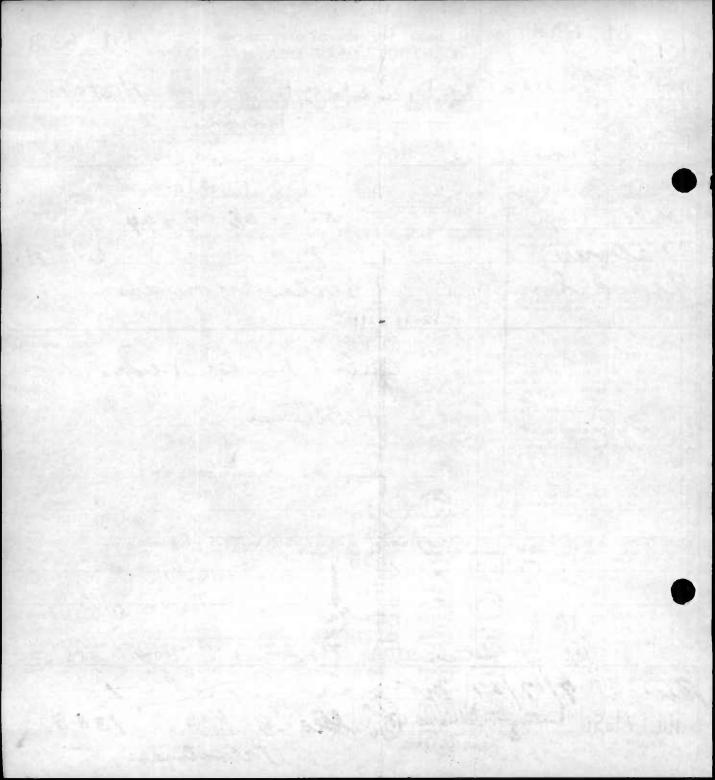
BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE (RNNy) Kameth OF JONES July 15. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. life ength of stay in Baltimore Days Gilmor St. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | | Under | Vear | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. 5 wks Male Colored 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? U. S. A. Balto. Id. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sampson Jones Helen Henson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Helen Jones 1627 N. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Interstitial pneumonitis (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO-ANTECEDENT CAUSES (B) Pulmonary congestion and edeme RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED 1 TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES W DICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK WORK autopsy 22. I eertify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X accident ], suicide ], homicide ], undetermined ]. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER ... X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ..... 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify 7/18/51 Mt Auburn DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTOS turbus Arr 一年。在學學學學學學學學學

VS 151

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6268

	IRTH NO.		CERTIFI	CATE	OF DEATH	Registere	NO	
	NAME OF D Type or Print)	DECEASED WA	RFIELD,	ELI	TA'H	2. DATE OF DEATH 7	/13/5/	/
	Baltimore (	City, Maryland			USUAL RESIDENCE			residence re admission)
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution, give street a	In an Admin \	CITY OR TOWN.	If optside corporate l	imits write BII	RAL and viva
11/	ISTITUTION	trove	dont		Baltin	re h	5-06	township)
				Yrs. D.	STREET ADDRESS (I	f rural, give location	1	
5	sex	tay in Baltimore	7. SINGLE (MARRIED.)	Days 8	DATE OF BIRTH	9. AGE (In year	# Under 1 Year	If Under 24 Hours
	Male	Negro	WIDOWED, DIVORCE	O (Specify)	506	last birthday)	Months Days	
wor	k done during more	CUPATION Give kind of working life, even if retired	108. KIND OF BUSINES	S OR 11	BIRTHPLACE State or	foreign country)	12. CITIZI WHAT	EN OF COUNTRY?
13	FATHER'S	NAME	-00	14	MOTHER'S MAIDEN	NAME		
15 (Ye	, WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?   16. SOCIAL SECURIT	17 NO 17	. INFORMANT	willow	ADDRESS	
`			212-18.					
	(This does heart failt	SE OR CONDITION LEADING TO DEA a not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU	DIRECTLY ITH of dying, e.g., ans the disease, caused death.) DUE TO	ause of		r Acus	ONSET	AND DEATH
LIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) TYING CONDITION L	STATING THE DUE TO	NYL	elenois			
ERT	TRIBUTING	SIGNIFICANT COND	NOT RELATED					
LC		OF OPERATION	19B. MAJOR FINDINGS O	F OPERATI			20. A	UTOPSY?
CA	214 ACCIDE	ENT. SUICIDE,	218. PLACE OF INJUR	V (= = in or	21c. WHERE DID	(If in Baltimore Ci	YES L	NO L
1EDICA	HOMICIDE	(Specify)	about home, farm, factory, street,		INJURY OCCUR?	(11 In Datemore Ci	ly, give exact i	ocation)
M	210. TIME OF INJURY	(Month) (Day) (Year	WHILE AT	OCCURRED	21F. HOW DID INJUR	RY OCCUR?	)	
			tended the deceased fro _, 1951, and that dear		10 , 195 ( to		51, that I le	
	23A. SIGNA		1. Hol a TIT	235	ADDRESS Provide	He causes and o		TE SIGNED
2	4A. BURIAL.			M. D.   CEMETERY		LOCATION (City, to	own, or county)	(State)
D.	ATE RECEIVE	PAR 1 REGISTRATE	S SIGNATURE	25	FUNERAL DIRECTOR	8e825	APPRESS	3
	VS 150	्र लाक्का पुर	- mark Psylker peners	Sp.	Prils	strias	e St	x3a



#### BALTIMORE CITY HEALTH DEPARTMENT

51 6269

760	CERTIFICAT	E OF DEATH	Registered N	0	
BIRTH NO.	CERTIFICATI	E OF DEATH			
1. NAME OF DECEASED			2. DATE		
(Type or Print)	IE L. TUCKER	OF THE THE TOTAL TOTAL			
3. PLACE OF DEATH:		DEATH JULY 17, 1951  4. USUAL RESIDENCE (Where deceased lived, If institution; residence			
A. Baltimore City, Maryland		A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hosp HOSPITAL OR	ital or institution, give street address or location)		(TE4-: 1	***************************************	
INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3814	4 Norfolk Avenue	BALTIMORE / O			
	Yrs.	o. STREET ADDRESS	(If rural, give location)	4	
c. Length of stay in Baltimore	Mos. Days	3814 Norfolk	Avenue		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under I Year   If Under 24 Hours	
Fomolo White	WIDOWED, DIVORCED (Specify)	1883	last birthday) Mor	nths Days Hours Min.	
Female   White	Widowed 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State		10 01717711 07	
work done during most of working life, even if retired	INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Housewife	Own Home	Russia		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
George Mendelson		Bessie Banks			
15. WAS DECEASED EVER IN U.S. ARME	ED FORCES?   16. SOCIAL				
(Yes, no or unknown) (If yes, give war or date	tes of service) SECURITY NO.	17. INFORMANT	AL	DDRESS	
		Mr. Sidney E	L. Tucker-3738 Co	olumbus Drive	
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH	
LEADING TO DE	ATH	to Comme	6).0	2/	
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	uc your	- Cucusco	m the	
injury or complication which	caused death.) OUE TO				
ANTEGEDENT OAL	1000	1 - d	.10		
ANTECEDENT CAL	ISES Hall	element !	1/ Muens	2 and	
DISEASES OR CONDITIONS.	IF ANY, GIVING	musuum		The same	
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION )		CERTIFICAT	ION APPROVED DY		
UNDERLYING CONDITION I	LASI.	J. M. D	aun Mile of		
Ī.	(C)	121	50	and the same of th	
C OTHER SIGNIFICANT CON	SITIONS	- 10	- MA		
OTHER SIGNIFICANT CONT TRIBUTING TO THE GEATH, BU		CHIEF OR ASS	T. MEDICAL EXAMINER.		
O TO THE DISEASE OR CONDITIO			- Commercial		
	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
V 21. ACCIDENT CHICIPE				YES NO	
	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., e		(If in Baltimore City, g	ive exact location)	
HOMICIDE (Specify)	and the north of the state of t	INSORT OCCORT			
210. TIME (Month) (Day) (Year	r) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?		
FINJURY	WHILE AT NOT WHILE				
	m. WORK AT WORK	4			
22. I hereby certify hat I at	ttended the deceased from	hy /7, 191 1, to	195	Ithat I last saw the	
deceased alive on held	1, 19 Cand that death occur	/ / / / / / / /	on the chuses and on th		
23A. SIGNATURE	V2	3B. ADDRESS		C. DATE SIGNED	
16.11 R1	4-	ZYNY /	fore Place	hele 1 to	
24A. BURIAL CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 1 2	4D. LOCATION (City, town,	or county) (State	
TION OPMOVAL (Speciful	1053				
BURIAL July 18	,1951 AITZ CHAIM CON	IGREGATION W	MASH. BLVD., BAL	ro. MD.	
	R'S SIGNATURE	25. FUNERAL DIRECT		ADDRESS	
LOCAL REGISTRAR	ituston Notices M. B.	Sol Lanila S	* Rom 112471	north ane.	
		o copo o porto	SI DACEN, HOCK IN	· revious	
VS 150	"			920	
	with the transfer of the fact of the second second second			1 ~ /	

particular and the first control of

3. PLACE OF DEATH:

1. NAME OF DECEASED

Housewife

19A. DATE OF OPERATION

CAUSE OF DEATH

deceased alive on\_\_\_\_

23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify) BURIAL

DATE RECEIVED BY

F INJURY

13. FATHER'S NAME

(Yes, no or unknown)

no

RTIFICATION

ш

U

DICAL

A. Baltimore City, Maryland

BIRTH NO

(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

51 6270

OL ONIO	BALTIMORE CITY HEALTH DEPARTMENT	
	CERTIFICATE OF DEATH	

Registered No. 2. DATE Anna Lilly Nagel DEATH July 13,1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give 3039 Chesterfield Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Life Chesterfield Ave Days 6. COLOR DR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last, birthday) Months: Days Hours: Min. 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Widow Dec. 23, 1886 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home BaltimoreCounty Md. 14. MOTHER'S MAIDEN NAME William Pahl Wilhelmina Lebino 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 7th & D.Sts. Appreset. 16. SOCIAL 17. INFORMANT SECURITY NO. Rev. Charles Birx none INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WOOK AT WORK 22. I hereby certify that I attended the deceased from. 19\_\_\_. that I last saw the c. 1951, and that death occurred at 3 2. m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 7/17/51 Oaklawn cemetery Baltimore Md.

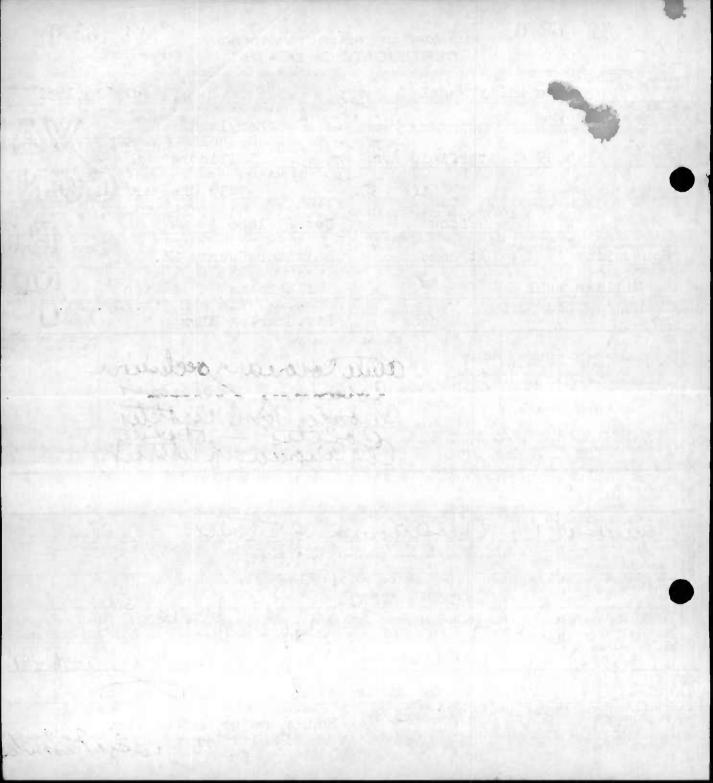
LOCAL REGISTRAN

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Henry, Sander & Sons Inc. Md.



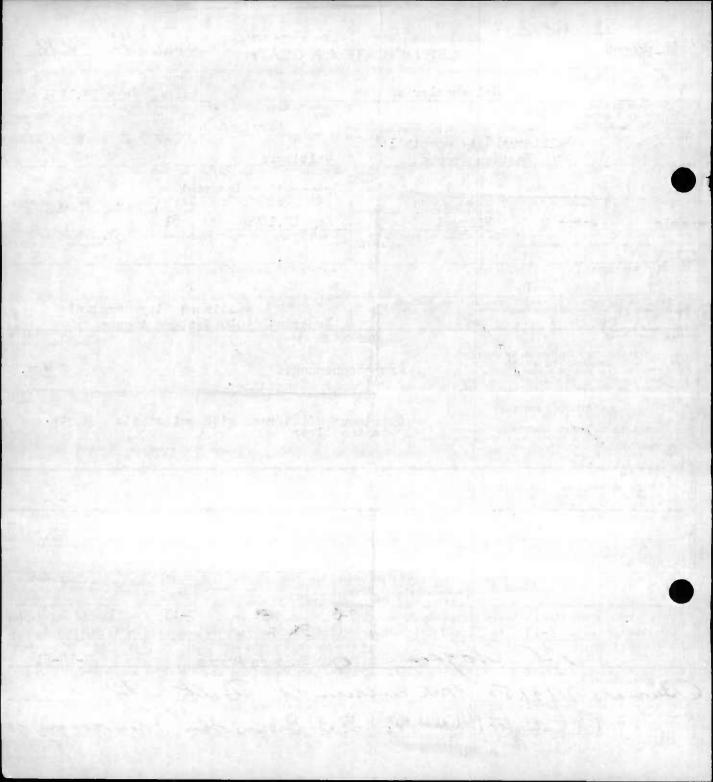
# 560 51 6271

#### BALTIMORE CITY HEALTH DEPARTMENT

200			CEDTIEICATI	OF DEATH	Registered	I No.
BIRTH NO.			CERTIFICATE	OF DEATH	Registered	110,
1. NAME OF DECEASED (Type or Print) Anne Hanrathy Conroy					2. DATE OF DEATH 7/	/1 5 / 51
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.				4. USUAL RESIDENCE (W		If institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		on, give street address or location)	Maryland c. CITY OR TOWN (16	outside corporațe lin	nits, write RURAL and give
INSTITUTION	220 W. Read	d Street	t	Baltimore	11-	b 3 township)
c. Length of	stay in Baltimore		67 Yrs. Mos. Days	D. STREET ADDRESS (If 220 W. Read Str		
5. sex Female	6. COLOR OR RACE	7. SINGLE WIDOW Widow	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH  Jan. 3, 1884	9. AGE (in years)	if Under 1 Year If Under 24 Hours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			Baltimore, Md.	AME	
	Patrick	Hanratl	nv	Anne Kieran		
15. WAS DECEAS	SED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(200) 35 01 01 0101010	(11 300) B110 1101 01 0101		SECURITY NO.	Mary C. Hanrath	ny 220 W. I	Read Street
(This doe heart fail in jury or	LEADING TO DEAT BE NOT MEAN TO DEAT SO NOT MEAN TO DEAT SO NOT MEAN TO DEAT ANTECEDENT CAUSE OF CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION OF THE DEATH, BUT	'H f dying, e. g ns the disease aused death. ES ANY, GIVIN STATING TH ST.	(B)			2 ys
U TO THE I	DISEASE OR CONDITION	CAUSING IT				
21A. ACCII	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER.			YES NO
21A. ACCII LYING C CAUSE OF	DENT WAS UNDER DE CONTRIBUTING	21B. PLA about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., et	to.) 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City	, give exact location)
ID. TIME	(Montli) (Day) (Year)		THE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	by certify that I att ulive on 18	1951, 0	and that death becur	red at 11, 30 m., from to	the lauses and on	the date stated above.
24A. BURIAL. TION, REMOVAL ( Buria	1 7/18/51	2	4c. NAME OF CEMETER	Fnh	Stburg, Md.	n, or county)/ (State)
DATE RECEIVE		SSIGNATU	RE. S.	15, FUNERAL DIRECTOR	4. 1	ADDRESS SHEalverthy
VS 150	1	40 -	and in the state of the state o			

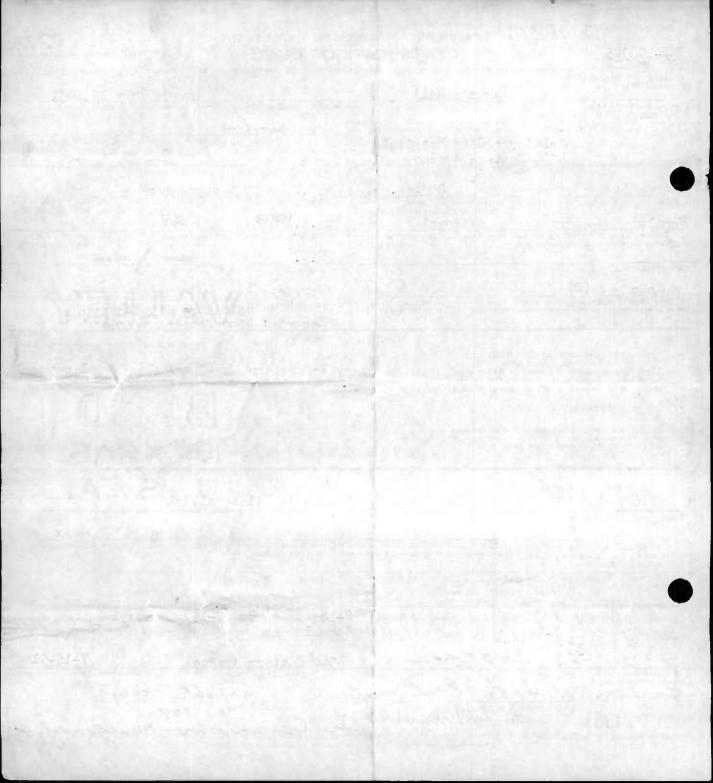
# 51 6272 BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	140,	The fact of
	NAME OF D	ECEASED				2. DATE		
			Sol W	heeler		DEATH Ju	ly 13,1	1951
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY		: residence ore admission)
	FULL NAME	OF (If not in hospita	al or institut	ion, give street address or	Maryland	anne	any	ndex
	ISTITUTION			Hospitals (	2	outside corporate lim	its, write RU	JRAL and give township)
	1	4940 Eas	stern A		Baltimore			00 (110111)
				Yrs. Mos.		rural, give location)	100	0
-5	sex	tay in Baltimore	7 SINCLE	Days Days	Crownsville Hosp	ital 9. AGE (In years)	If Under 1 Year	If Under 24 Hours
			WIDOW	(ED, DIVORCED (Specify)		last birthday) M		
_	A USUAL OC	Negro CUPATION (Give kind of	Wido	OF BUSINESS OR	May 12,1870	81	1 10 01717	7511.05
worl	k done during most o	f working life, even if retired)	TOB. KINE	INDUSTRY		reigh country)	12. CITIZ WHA	T COUNTRY?
1.3	FATHER'S N	IAME			Ga.			
	2				14. MOTHER'S MAIDEN NA	AME 3		
15	WAS DECEASE	? D EVER IN U. S. ARMED	FOROTON	1.10.000				
(Ye	s, no or unknown)	(If yee, give war or dates	of service)	16. SOCIAL SECURITY NO.		more City H		s
-					Records: 4940	Eastern Ave		
	18. /5/	X		CAUSE	OF DEATH			VAL BETWEEN
		E OR CONDITION LEADING TO DEAT	H	72				0 7471
ú	heart failui	not mean the mode ore, asthonia, etc. It mean	ns the diseas		pneumonia	***************************************		2 Wks.
	Injury or	complication which c	aused death	.) OUE TO PULMO	nary Congestion			
H		ANTECEDENT CAUS	ES				()	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING				ma of Stomach wit	h metastasi	s or	los.
Ĕ	RISE TO TE	HE ABOVE CAUSE (A)	STATING TH		G TIAGL			
CA				(C)		***************************************		
H		11						
CERTIFICATION	OTHER S	IGNIFICANT CONDITO THE OBATH, BUT	TIONS CON	1.				
CE	TO THE OI	SEASE OR CONDITION	CAUSING I	T				
١	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			AUTOPSY?
CA	214 ACCID	ENT WAS UNDER	218 PI 4	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	YES YES	
MEDICA	LYING OF	ENT WAS UNDER CONTRIBUTING	about home,	arm, factory, street, office bldg., e	injury occur?	i in baitimore City,	give exact	location)
7	F INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR1		
			m.	WHILE AT NOT WHILE			No. Pall	
	22. I hereby	y certify that I att	ended the	deceased from 7	-6 , 1951, to	7-13 , 19	51 that I	last saw the
				and that death occur		he causes and on	the date s	tated above.
	23A. SIGNAT	URE	11	2:	3B. ADDRESS		23c. D/	ATE SIGNED
	200000	7.1.	no	7 M. O.	4940 Eastern Aven		7-1	.4-51
	A. BURIAL, C		- 9	24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	OCATION (City, town	n, or county)	(State)
0	ATE RECEIVED	BY REGISTRAR	S SIGNATI	in einer	m T Ga	us un	ADDRES	c
	CAL REGISTI	RAR	S SIGNATU	L'auta M.B.	25. FUNERAL DIRECTOR	1 106 m	ADDRES	0
_	111117	1951 Lutur	47-114	Warmen July A G	1. J. Curin r.	you - Mon	ugon	very St
	VS 150	- Lowery	THE REPORT OF	AND THE PERSON NAMED IN			1115	
		- 7		RELEASE BY			461	2



# 51 6273 BALTIMORE CITY HEALTH DEPARTMENT

. 1	ND-10838	51 6273	BAL		EALTH DEPARTMENT	Registered	51 6273
_	RTH NO.			CERTIFICATI	E OF DEATH	negistereu	110
	NAME OF D	ECEASED	A	II • • • •		2, DATE OF T	
3.	PLACE OF D	EATH:	Agust	a Hill	4. USUAL RESIDENCE (		ly 15,1951
-		City, Maryland	-1 on i-stitut		A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR			ion, give street address or y Hospitals	The state of the s	f outside eorporate lin	nits, write RURAL and give
11	ISTITUTION	4940 Ea			Baltimore	26	tewnship)
7		1710 -2	1000411	Yrs.		rural, give location)	
0	Length of s	tay in Baltimore		24 Yrs. Mos.	B.C.H. 4940 Ea	stern Avenue	
5.	SEX	6.COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	Q ACE IIN VORTE	H linder 1 Year   H Hoder 24 House
	emale	Negro	Wi	dowed	Aug.1,1893	57	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF
				INDUSTRI	N.C.		WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	John	(D)			Harriet ?		
(Ye	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balt	imore City H	ADDRESS
					Records: 4940	Eastern Ave	nue
CERTIFICATION	(This does heart failus in jury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode o ire, asthenia, etc. It mea complication which e  ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH f dying, e. f dying, e. f dying, e. f dying, e. f disease aused death ES  F ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE	(B)		ral, old	l week
AL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
YES  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCUR?  WILLE AT WORK  MILE AT WORK  AT WORK  AT WORK							
r	22. I hereb	y certify that I att			2-12 , 19 47 to 7	7-15 19	51 that I last saw the
	deceased al				red at 1 a.m., from		
	23A. SIGNA	TURE ///	1		38. ADDRESS		23c. DATE SIGNED
_		W. C	102	M. D.	4940 Eastern Ave		7-16-51
	ATE RECEIVE	Specify) 7/19/	51	mt Cul		after Bu	vn, or eounty) (State)  ADDRESS
L		951 Junt	and the second	Philiams, Mario	I L' Brown	thon-ma	starmey for
	V\$ 150	Service .	1.00	A STATE OF THE STA			8313





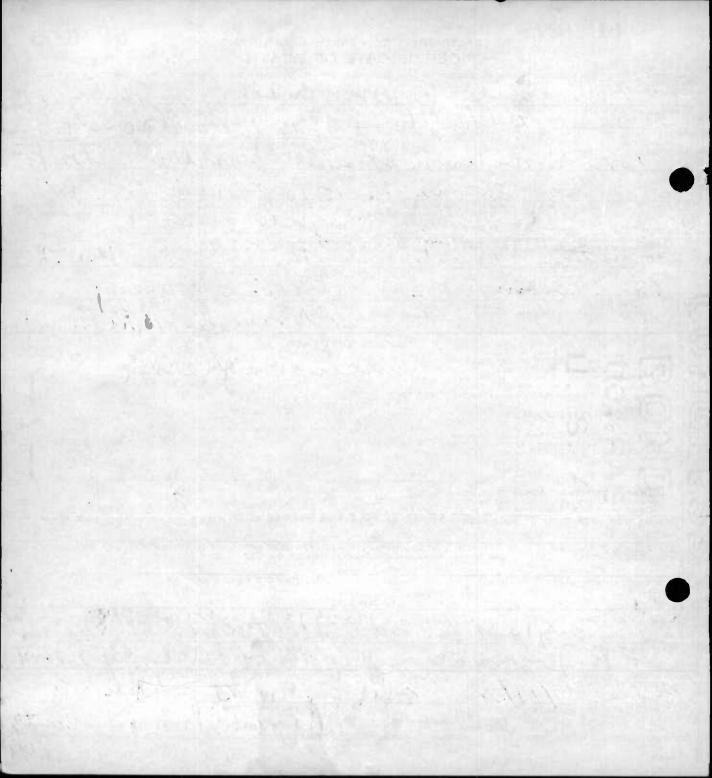
THE PART WE WATER

VS 150

LOCAL REGISTRAR

7208A

48a mg



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) mary 5 DEATH 3. PLACE OF DEATH: (Where deceased I wed, If institution; residence 4. USUAL RESIDENCE haltan Black who is the state of the state o A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hussel township md-Tark. everna Y-701 D. STREET ADDRESS (Marural, give location) Mos. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In Years If Under 1 Year 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) narry 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work/done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewell 13. FATHER'S NAME ole 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) of yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 VES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 4.4.m.195/ to-22. I hereby certify that I attended the deceased from 7. 16 deceased alive on 7.16 . 195/ and that death occurred at-Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 7-16451 Tour 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240 LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 24C

FUNERAL DIRECTOR

ADDRESS

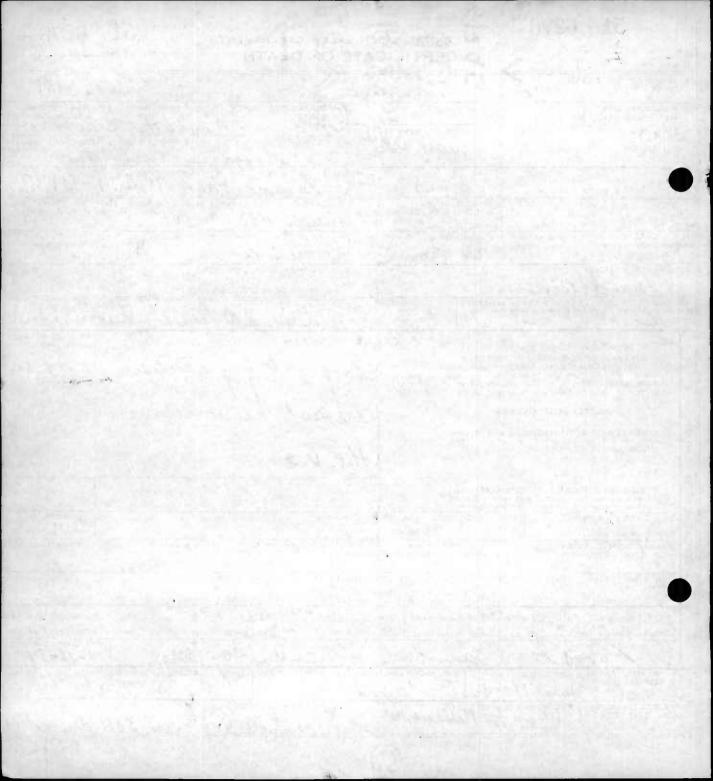
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S

SIGNA



B-220	
	EALTH DEPARTMENT 51 6277
BIRTH NO. DETT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE
JOHN BAREZ	er basez   OF DEATH July 12, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (f not in hospital or institution, give street address or HOSPITAL OR location)	
Mercy Hospital	township)
Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 28 Yrs Days	246 North Exeter Street
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years     Bodar   Year   if Under 24 Hours
Male White WIDOWED DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  Pot & Dish Washer	Di Contra de Con
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, nn or nnknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
ne 212-07-3655	Personal papers
2 0 . V	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Cerebra	1 Hemorrhage
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1201104 2 12080
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS IF ANY GIVING	
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	V
21a. EXTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?
Z 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described a	hove held an Partial Autonsy thousand from
	Autonsy Inspection or Inquiry
and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED
150 roker M	.D. MEDICAL INVESTIGATOR 7-13-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

V S 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

July 17 1951 Hely Resemer Cemetery 4430

S. SERME STATUTE AND ADDRESS OF THE PARTY OF THE PART

51 6278 BIRTH NO. S - 4/0	BALTIMORE CITY HEALTH DEPARTMENT	62'78 tered No
1. NAME OF DECEASED (Type or Print)	nia a. Selph 2. DATE OF DEATH	7/16/51
3. PLACE OF DEATH: A. Baltimere City, Maryland	4. USUAL RESIDENCE (Where deceased A. STATE B. CCU	
B. FULL NAME OF (If not in hospital or HOSPITAL OR	or institution, give street address or location)  C. CITY ORJOWN (If outside corpor	ate limits, write RURAL and give
INSTITUTION 1141 Holl		township)
c. Length of stay in Baltimore 2	28 Mos. Days 1/4/ Holling	St. 16.03
5. SEX   6. COLOR OR RACE   7.		year:     Under   Your     Under 24 Hours   day)   Months Days   Hours Min.
7 Line While  10A. USUAL OCCUPATION (Give bind of 10)	OB. KIND OF BUSINESS OR 11.BIRTHPLACE (State or foreign country)	
ork done during most of working life, even if (tired)	at home Virginia	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	taboll
15. WAS DECEASED EVER IN U. S. ARMED FO Yes, no or nnknown) (If yos, give wer or dates of a		Solph ablino
18. 171 %	CAUSE OF DEATH	INTERVAL BETWEEN DISET AND DEATH
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d	Can be an all Can and	
heart failure, asthenia, etc. It means t injury or complication which caus	the disease	Radder 6 mos
ANTECEDENT CAUSES		
7	1 Culin	
DISEASES OR CONDITIONS, IF AIRISE TO THE ABOVE CAUSE (A) ST.	TATING THE DUE TD	
	ANY, GIVING TATING THE DUE TD	
RISE TO THE ABOVE CAUSE (A) ST.	ANY, GIVING TATING THE DUE TD (. (C)	
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OF CONDITION CA	ANY, GIVING TATING THE DUE TD  (C)  CONS CDN. DI RELATED CAUSING IT.	√ days
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION (2) 19B.	CONS CDN.  ONS CDN.  OT RELATED CAUSING IT.  B. MAJOR FINDINGS OF OPERATION  CALLED AND CONTROL OF	V days
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT, SUICIDE.	IONS CDN.  OTHER PROPERTY OF OPERATION  MAJOR FINDINGS OF OPERATION  MAJOR FINDINGS OF OPERATION  MAJOR FINDINGS OF OPERATION	
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT, SUICIDE.	IONS CDN. DIT RELATED ANAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e. g., in or bout bome, form, fectory, street, office bidg., etc.)  Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?	YES NO P
RISE TO THE ABDVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  ID. TIME (Month) (Day) (Year) (Homicide)	CONS CDN.  ONS CDN.  OT RELATED CAUSING IT.  B. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e. g., in or about home, form, factory, street, office bidg., etc.)  Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE  MORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  WORK  AT WORE  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK	YES NO NO Pre City, give exact location)
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  ID. TIME (Month) (Day) (Year) (Homicide)  19A. Time (Month) (Day) (Year) (Homicide)  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  22. I hereby certify that I attended	CO)  (C)  (DNS CDN.  (PT RELATED  (A)  (DNS CDN.  (DT RELATED  (C)  (D)	YES NO NO Pre City, give exact location)
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21A. TIME (Month) (Day) (Year) (Homicide) 11A. Time (Month) (Day) (Year) (Homicide) 22. I hereby certify that I attended deceased alive on 1, 1  23A. SIGNATURE	CC)  (C)  (I)	YES NO NO Pre City, give exact location)
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B.  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year) (Homicide) To Thereby certify that I attended deceased alive on 1  23A. SIGNATURE	CC)  (C)  (DIN RELATED  (If in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Jury occur?  (I) In Jury occur?  (I) In Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in Baltimor in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in B	yES NO NO NO PROPERTY NO
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA  19A. DATE OF OPERATION   19B.  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  1D. TIME (Month) (Day) (Year) (Homicide)  22. I hereby certify that I attended deceased alive on 1  23A. SIGNATURE  24A. BURIAL, CREMA: 24B. DATE TION REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAR'S S	CC)  (C)  (DIN RELATED  (If in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Jury occur?  (I) In Jury occur?  (I) In Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in Baltimor in Baltimor in Bout bome, form, fectory, etreet, office bldg., etc.)  (I) In Baltimor in B	YES NO NO Pre City, give exact location)  19 1, that I last saw the not on the date stated above.
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION (19B.  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  1D. TIME (Month) (Day) (Year) (Horizontal Conditions)  22A. SIGNATURE  24A. BURIAL, CREMA- TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAY'S S	CO  (C)  (I)	yES NO NO NO PROPERTY NO
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION TO THE DISEASE OF CONDITION CA  19A. DATE OF OPERATION   19B.  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21A. TIME (Month) (Day) (Year) (Horizontal Conditions) 11A. TIME (Month) (Day) (Year) (Horizontal Conditions) 22A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SLOCAL REGISTRAR	IONS CDN. DIT RELATED ANAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e. g., in or boot bome, form, fectory, street, office bldg., etc.)  100tr)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  M. WORK AT WORK  199 J., and that death occurred at 7. W. p.m., from the causes at 23B. ADDRESS  M. D. 1600 Wilkers  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION (C)  SIGNATURE  25. FUNERAL BIRECTOR  1001 1001 1001 1001 1001 1001 1001 10	yES NO NO NO PROPERTY NO

MALAN MEDICAL STREET

	CA C	16130	DAI TIMO	DE CITY HE	ALTI DEDADUITIE	51 6	3279
		79			EALTH DEPARTMENT E OF DEATH	Registered N	
		1-240	OLIV		2 OF BEATT		
	NAME OF D 'ype or Print)					2. DATE. OF	os to the
3.	PLACE OF D	EATH:	. Nichol		4. USUAL RESIDENCE (	Where deccased lived.	Validation 1951
_		City, Maryland			A. STATE	B. COUNTY	before admission
H	FULL NAME OSPITAL OR ISTITUTION		l or institution, give	location)		f outside corporate limits	, write RURAL and giv
	33	344 Old Yorl	c Rd.	Yrs.	o. STREET ADDRESS (II	rural give location)	
	ength of s	tay in Baltimore		Mos.	O. STREET ADDRESS (II	Gran, give location)	- 0.2
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARI		8. DATE OF BIRTH YO		Under 1 Year   If Under 24 Hours
T	emale	18/2n 4 + n		ORCED (Specify)	7 7 00 3084		nths Daya Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BU		11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
13	HOUS FATHER'S N	NAME I			Maryland 14. MOTHER'S MAIDEN N	IAME	U.S.A.
	187.4.3.3	A (1)				73377 60	
15	. WAS DECEASE	iam Sheehe	FORCES?   16.50	OCIAL	Brigid White	AF	V V
(Ye	e, no or unknown)	(If yes, give war or dates	of service) SI	ECURITY NO.			DDRESS
	18. 1/0 2	<b>Y</b>			Florence E.N	1chol 3344	INTERVAL BETWEEN
	9706	SE OR CONDITION I	DIRECTLY	O. COL	OI DEATH		ONSET AND DEATH
	10.13.100	LEADING TO DEAT not mean the mode of	н	(A) V	irus Pneumonia	1	3 days
	heart failu	re, asthonia, etc. It mean complication which co	is the disease.	JE TO		•••••••	J
		ANTECEDENT CAUS					
Z	10.00			(B)			
9	RISE TO T	S OR CONDITIONS, IF HE ABOVE CAUSE (A)	STATING THE OL	JE TO			
A	UNDERLY	ING CONDITION LAS		(C)			
FIC							
ERTIFICATION		II IGNIFICANT CONDIT					
CE		TO THE OEATH, BUT I		Ar.	teriosclerosis		unknown
٦	19A. DATE O	F OPERATION 8 19	B. MAJOR FINDI	NGS OF OPER	ATION /		20. AUTOPSY?
CA	44 45-14		A DI ACE OF	INDUSTRIAL CONTRACTOR	- Late WHERE DID	Is in Dating City	YES NO
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF about home, ferm, facto	ry,street, office bldg.,e	n or 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City, g	ive exact location)
	F INJURY	(Month) (Day) (Year)	(Hour) 21E, IN.	JURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
L			m. WHILE AT	NOT WHILE			
	22. I hercb	y certify that I atte	ended the deceas	ed from July	y 15th., 1951 to J	ulv 15 th19 5	Ithat I last saw th
	deceased al	live on July 15t	h9 51 and th	at death occur	red at $1:35^{\mathrm{P}_{m.,from}}$	the causes and on th	e date stated above
	23A. SIGNAT	TURE	4 6	2	3B. ADDRESS		23c. DATE SIGNED
2	LOOK	CREMA, 24B, DATE	77571/1	ME OF CEMETE	401 E. 25th. S	t.Balto.Md.	7/16/51. or county) (State)
TI	ON, REMOVAL (S	specify 7	0 24c. NA	EW CATH	FORAL CAM	OCATION (City, town,	or county) (State)
P	Burial ATE RECEIVE	7/1/9/5	SIGNATURE		25. FUNERAL DIRECTOR	DBATIMORE	ADDRESS
	OCAL REGIST			5 1			
=	JUL1	7 1951		AUG MARKET	John A. Moran	3000 E. B	alto
	VS 150	mD Mp	/ 图像	The state of the s	No Zeu		09a St.
					1 - 51	//	140

AND AND THE RESIDENCE OF THE PARTY OF THE PA . 1 176 E 2008 that your Philade. To the staff

Will are some of the

and the second of the second o

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Edward Frank Skalinski July 16. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore Dave 34 N. Kenwood Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male White Married June 24. 1904 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unemployed Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Skalinski Mary Nowak 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, note-unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, ndfopunknown) = 03-9580 Mary A. Skalinski. 34 N. Kenwood CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., Ilremia heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardio-vascular disease ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL YES NO X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 5-17-. 1951 to\_ 7-16-, 151, that I last saw the 7-16- 19 51, and that death occurred at 2:10PnM from the causes and on the date stated above. deceased alive on 238. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) AG. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, down, or county) (State)

Holy Rosary Cema

with the property of the second

VS 150

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

7/20/5]

REGISTRAR'S SIGNATURE

93)

ADDRESS

more Maryland

25 FUNERAL DIRECTOR Bernard A. Dabrowski

2818 E. Raltimore St

i antine man. Fire leguard A. Felgrawgh f. Stiller. Jallingre St

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

V S 151

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

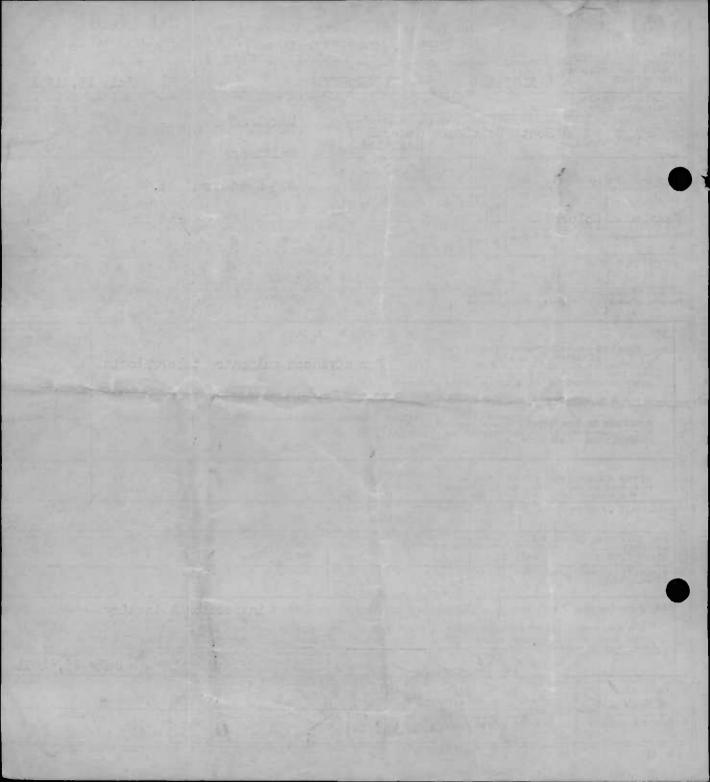
LOCAL REGISTRAR

24B. DATE

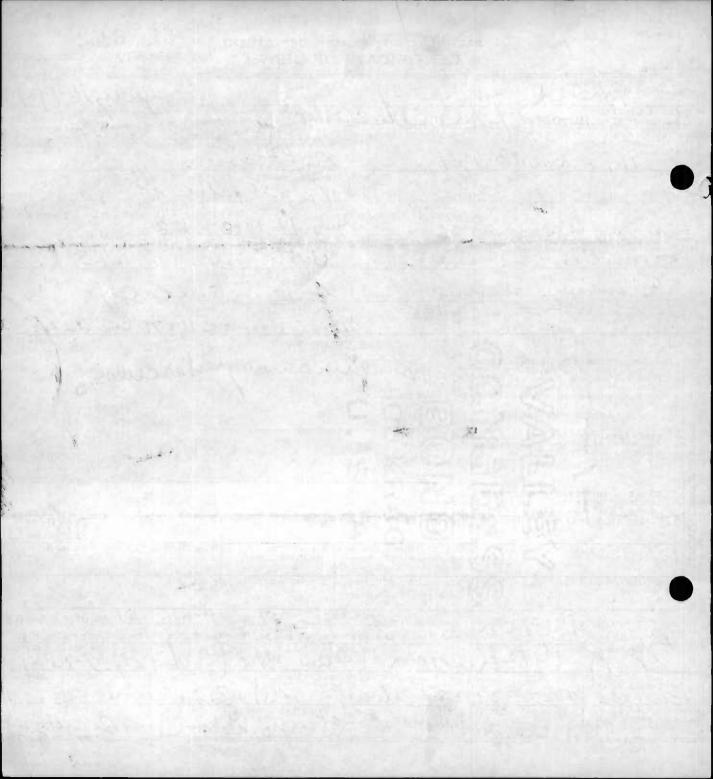
REGISTRAR'S SIGNATURE

1312

ADDRESS



	51 6282				•
В	SGO PIRTH NO.		EALTH DEPARTMENT E OF DEATH	51 62 Registered No.	
1.	MAME OF DECLASED	enry		2. DATE OF OU OA	16-1951
3. A.	. PLACE OF CEATH: Baltimore City, Maryland //	n. Castles	A. USUAL RESIDENCE (W	Vhere deceased fived. If in a	itution: residence before admission)
H	OSPITAL OR	stitution, give street address or location)		outside corporate limits, w	
	117 7. Castle	yrs.	Battimer D. STREET ADDRESS (If	rural, give location	township)
	Length of stay in Baltimore 5	Mos. Days	117 M. CAS	the st	or 1 Year   II Unday 24 Hours
0	Female Cal	IDOWED, DIVORCED (Specify)	July-14-1888	9. AGE (In years II linde last birthday) Months	n I Year II Undar 24 Hours S Days Hours Min.
1C	DA. USUAL OCCUPATION (Give kind of 10B. I dope during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		oreign country)   12.	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	20 20	14. MOTHER'S MAIDEN NA	AME /	12171
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) (If yee, give war or dutes of serv	ES7   16 SOCIAL SECURITY NO.	17. INFORMANT	Wesley	RESS
	no		Mary Henson	211771, Cos	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH		OF DEATH	21040	CHICKE AND DELETI
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,		Inherculo:	75
	ANTECEDENT CAUSES				
CATION	DISEASES OR CONDITIONS, IF ANY,				
FICA	UNDERLYING CONDITION LAST.				
ERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F	S CDN-	14		
U	TO THE DISEASE OR CONDITION CAUS				20. AUTOPSY?
EDICAL		B. PLACE OF INJURY (e. g., I		If in Baltimore City, give	exact location)
ME	HOMICIDE (Specify) about	home, farm, factory, street, office hidg.,		y occur?	
	FINJURY	m. WHILE AT NOT WHILE AT WORK		4	
	deceased alive on 13,15	the deceased from	rredat 5 a.m., from t	he causes and on the c	hat I last saw the
	23A. MONATURE () [D]		3B, ADDRESS MA		3c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B DATE ON REMOVAL (Specify	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIG	NATURE I WELL	25. FUNERAL DIRECTOR	O'. Al	DDRESS
=	JUL 10 1915 1 1 may	Pr lymama, mas	recity o, Wi	born) my	exitty un
	VS 150	, with	DOCA	1.	2.6



#### 51 6283 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6283

Registered No.

B	BIRTI NO.	
C	Type or Print)	Man DEATH JULY 15-SI
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. A.	USUAL RESIDENCE (Where deceased lived, If institution; residence STATE  B. CQUNTX before admission
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	CITY OR TOWN If outside corporate limits, write RURAL and giv
IN	4212 Parkmount Are	Overlea Balto Co, township
7	Yrs. D.	STREET ADDRESS (If fural, give location)
	S. SEX 6 COLOR OF RACE 7 SINGLE MARKED BY	4007 laylor Ave
3.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH  9. AGE (In years   Il Under I Year   Indee   Indee
	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF
C	work done during most of working life, even if retired)  Cah net Matter  Proting	Austria WHAT COUNTRY
13	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
1.5	Charles Wimmer	Alvina Schettle
(Ye	(11 yes, no of unknown) (11 yes, give war or dates of service) SECURITY NO.	INFORMANT
-	18. 33.5% CAUSE OF	Mar Winner 4007 laylor Are
	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	BRAL THROMBOSIS 17 days.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	RAL ARTERIOSCLEROSIS 5 YRS +
O	DISEASES OR CONDITIONS, IF ANY, GIVING	RAL PICIFICIOCABEOUTS O PICE F
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC	<u> </u>	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TO THE DISEASE OR CONDITION CAUSING IT.	
AL	198. MAJOR FINDINGS OF OPERATION	ON   20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	F INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that/I attended the deceased from 6/	29 ,1957 to 7/15 ,195/ that I last saw th
	deceased filipe on 7/14, 1951, and that death occurred	at 10:12 m., from the causes and on the date stated above
	Mariachen 63	ADDRESS Below: Re (6) 7016/17
2.	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY O	OR CREMATORY 240. LOCATION (City, town, or county) (State)
	Botial VUV18-51 HOLV 11 ec	deemet 4600 Beloir Rd. Balto, 6
5	DATE RECEIVED BY REGISTRAR'S SIGNATURE	TUNERAL DIRECTOR ADDRESS
=		Suppol Dro. 7110 Bulait Ma
	VS 150	83B
		V V

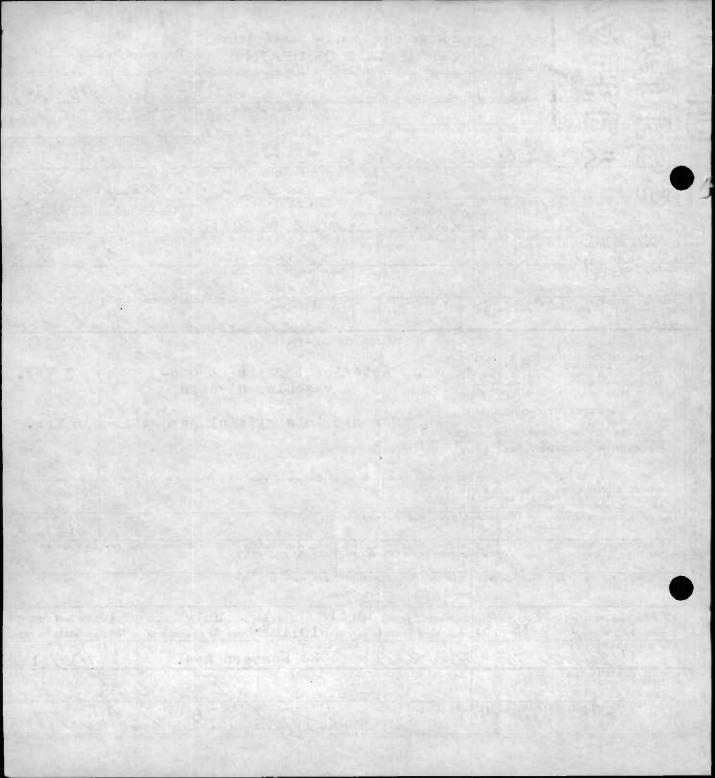
Control of the second s Part Sam Noval Indian WA TOLLY ! Id ora year white hampeth and the 1.2.N Plot en any A TONOTES STRUMEN Mary Manuel Good and or Are *x*2...1√ datled britished the remarkal flow with tool to 19 die 12 111 Salair Pd.

51 6284 TH NO. \$ 520

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

131	RTH NO.	- 10						
	NAME OF DECEASI	therin	e Sc	hmanay		2. DATE OF DEATH	when	16 1951
	PLACE OF DEATH: Baltimore City, M	arvland			4. USUAL RESIDENCE (W			tution: residence before admission)
-			al or institut	ion, give street address or	mariland	,		,
H	OSPITAL OR			location)		outside corpora	te limits, wr	ite RURAL and give
IN	STITUTION 62	6 Some	th Si	truser St	Baltiman		1-	1 2 township)
7				Yrs.	D. STREET ADDRESS (If )	rural, give locat	jon)	01
C.	Length of stay in	Baltimore		Mos. Days	626 Sm	the st	trus	erst.
5.	SEX 6. COL	OR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In ye	ears If Under	1 Year   If Under 24 Hours
-	Female It	hite	0 1 1	(ED, DIVORCED (Specify)	Sent. 3-1869	last birthda	ay) Months	Days Hours Min.
10	A. USUAL OCCUPAT	ION (Give kind of		OF BUSINESS OR	11. BORTHPLACE (State or fo	reign country)	12.	CITIZEN OF
WOLK	done during most of working			INDUSTRY	Germany		2	WHAT COUNTRY!
13	. FATHER S NAME	0			14. MOTHER'S MAIDEN NA	AME	101	·x'. (2.
	John	Sanger	10000		Brokerait	3-		
15	. WAS DECEASED EVER	IN U. S. PRMED	FORCES?	16. SOCIAL	17. INFORMANT	ayer	ADDR	ESS
(Yes	n no or unknown) (If yes	s, give war or date	s of service)	MSECURITY NO.	B. day = l-l	/	2/2	Handy
	700			1/10/10	unatew scama	uss 60	(0,0,	INTERVAL BETWEEN
	18. 592X	1		CAUSE	OF DEATH			ONSET AND DEATH
	DISÉASE OR LEADI	CONDITION		A A		3.4		
	(This does not me heart failure, asthe	ean the mode o	of dying, e.		riosclerotic Ca			3 Yrs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO VASCULAR disease							
	ANTEC	EDENT CAUS	SES					
Z	DISTAGES OF C	ONDITIONS .		(B) Chron	ic interstitia	1 nephr	itis	5 Yrs.
LION	DISEASES OR CO	VE CAUSE (A)	STATING TI	HE DUE TO				
V	UNDERLYING C	ONDITION LA	ST.					
ERTIFICA		11		(C)				
RT	OTHER SIGNIFI							
CE	TRIBUTING TO TH							
	19A. DATE OF OPER			FINDINGS OF OPER	RATION			20. AUTOPSY?
X								YES NO X
EDICAL	21A. ACCIDENT. SU HOMICIDE (Spee	ify)	218. PLA about home,	ACE OF INJURY (e.g., i	n or 21c. WHERE DID (Is	f in Baltimore	City, give	exact location)
ME								
	FINJURY (Month)	(Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR1		
L			m.	WHILE AT NOT WHILE				
	22. I hereby eerti	fy that I att	ended the	deceased from Ap	ril ,1949 to J	fuly	, 19_5]th	at I last saw the
	deceased alive on	July 1	5 19 51	and that death occur	rred at 10:10m., from th	he causes and	d on the d	ate stated above.
	23A. SIGNATIONE		1/1		38. ADDRESS			BC. DATE SIGNED
	(lan	me 1	V. Le	COUPM.D.	3023 Eastern			7/17/51
24 TIC	AA. BURIAL CREMA-	24B. DATE	210	24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City	, town, or co	ounty) (State)
	Burial	July!	7/95/	Carpwoo	dem. Vayle	rilive. 0	sallo	· Md.
D/	ATE RECEIVED BY	REGISTRAR	SSIGNATI	PENLOWIA, HIME	25. FUNERAL DIRECTOR	6 20	1/10	DRESS
	JOL	- Harmon		and the same of th	John O / Killer na.	2+35 Ca	st Ul	ver \$6:13
	VS 150						1	2 / 6
							1	212



50-24534 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Rosa Maria Glorioso. OF July 16, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) Md. B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3129 Oakford Ave. Baltimore. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3129 Oakford Ave.. life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white Infant Nov. 12, 1950 8 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Glorioso. Vincenza Provenza. 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
(Yes, no or nokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or wokoown) SECURITY NO Mr. Joseph Glorioso, 3129 Oakford Ave., INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL bretrus 21A. ACCIDENT, SUICIDE 2 B. PLACE OF INJURY (e. k., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If it Baltimare City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY F INJURY WORK 22. I hereby certify that I attended the deceased from. 195 that I last saw the deceased alive on 19 and that death occurred at. em. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county 24B. DATE July 18, 1951 Holv Redeemer Cemetery. Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 4611 Park Heights

VS 150

81a

	nominate to the	
AT THE STATE OF TH	THE RESERVE OF SHIP OF SHIP OF	
tion (appear)	A STATE OF THE STA	
A STATE OF THE STA		
Market Company of the country		
See Mindred Street Supplemental Street		
	on the Court of th	l deni
and the second second second second		

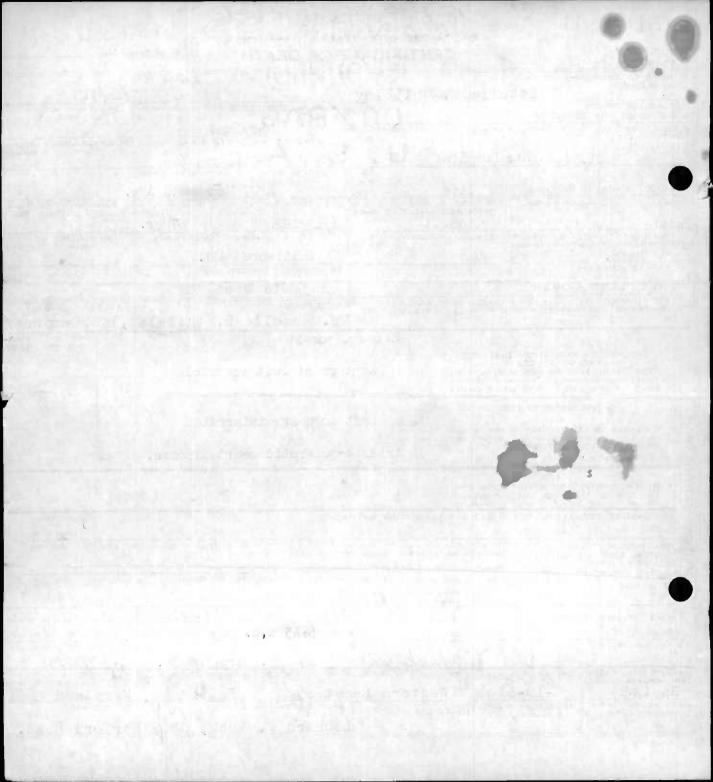
51		36	
BIRTH NO.	W	340	)

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6286

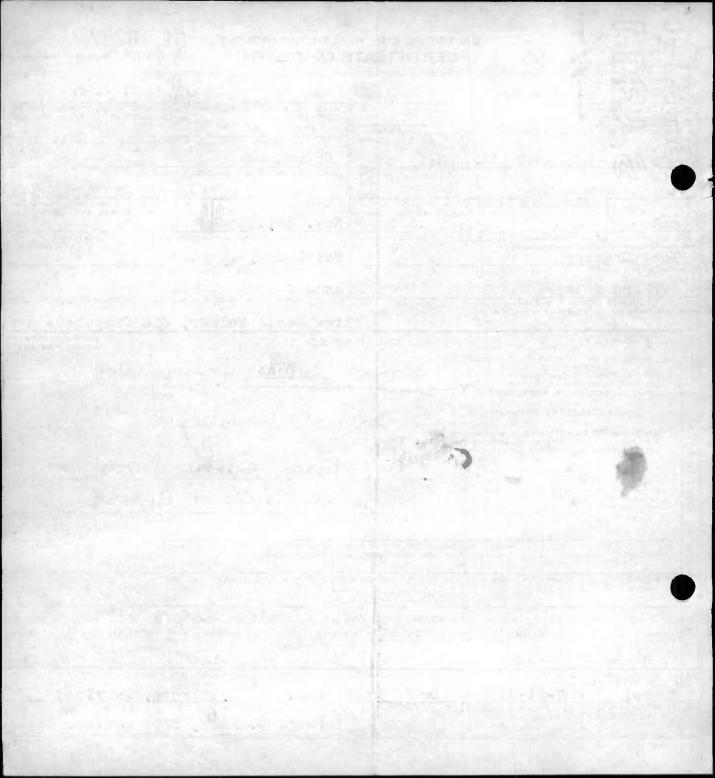
Registered No. NAME OF DECEASED 2. DATE (Type or Print) OF Estelle M. Whiteley. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Incation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore, Vre D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 4807 Mannasota Ave. Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours: Min Widowed 1/13/188/ Female 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe. None Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Coale Eugenia Wood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Was ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Rozelle B. Whiteley, 1409Demarcay 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rupture of left ventricle (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Left coronary infarction FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Arterio-sclerotic heart disease RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT NO 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 19\_\_\_, that I last saw the 19\_ deceased alive on 7/16/51 and that death occurred at 6:45 arm from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Caroline St 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 74C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town or county) Baltamore, Burial 7 - 19 - 5Cemetery Western Maryland REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAB Leonard J. Ruck, 5305 Harford Road.



51	628	7	
سالت ()	11	112	1
RTH NO.	M	70	6

## CERTIFICATE OF DEATH 51 6287 Registered No...

BI	RTH NO.	726		021111110711	_ 0		
1. (T	NAME OF D	Frederic	LK	1. Nolker		2. DATE OF DEATH	. '51
Α.		EATH: City, Maryland			4. USUAL RESIDENCE ()		titution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)		f outside corporate limits, w	vrite RURAL and give township)
M	UNION	Memorial	Idos	pital	BATTIMONE		wwiisinp)
				Yrs. Mos.	D. STREET ADDRESS (If		H. 12-10
	Length of s	tay in Baltimore	7 SINCLE	Days Days	8. DATE OF BIRTH	19. AGE (In years) H Und	er ) Year   It linder 24 Hours
	made	white	WIDOW	ED, DIVORCED (Specify)	Nov. 24,1884	last birthday) Month	let 1 Year   It Under 24 Hours   Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   12	CITIZEN OF
	Tool Dr			NOOTKI	Baltimore, Mas	ryland	WHAT COUNTRY!
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N		
		Nolker			Anna ?		
15 (Yes	. WAS DECEASI	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
					Miss Marie Nol	ker, 606 Cra	ycombe Ave.
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL	SE OR CONDITION LEADING TO DEA 3 not mean the mode 4 not mean the mode 4 complication which ANTECEDENT CAUS S OR CONDITIONS, 12 HE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. g of dying, e. g of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	(B) CEYE	e Cardino de Ebral Throm Calized Atte		
CER	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT	NOT RELATE	- Artzriu	scleration the	ent disense	
AL	ISA. DATE C	PF OPERATION 0	9B. MAJOR	FINDINGS OF OPER	KATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA about home, fr	CE OF INJURY (e. g., I arm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	
	10. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
deceased alive on 1951, and that death occurred at m., from the cadses and on the date ste							
	23A. SIRNA		<u></u>		Union Memo		23c. DATE SIGNED
710	Burial (S	Pecify) 7-21-	Dec 200 1	24c. NAME OF CEMETE		OCATION (City, town, or ltimore, Mary	county) (State)
	ATE RECEIVE OCAL REGIST	D BY   REGISTRAR		RELANDAMINA	25. FUNERAL DIRECTOR Lebnard J. Ru	4 2 / O A	DDRESS



	7600	51 628	Q				
	51 6288 BALTIMORE CITY HEALTH DEPARTMENT						
В	IRTH NO. F-000 CERTIFICATE OF DEATH	Registered 1	No				
1.	NAME OF DECEASED	2. DATE					
(7	Type or Print) Foy, Mrs. Clara Virginia	DEATH July	161051				
	PLACE OF DEATH: 4. USUAL RESIDENCE (W	here deceased lived. If					
	Baltimore City, Maryland Baltimore City, Maryl	B. COUNTY	before admission				
H	OSPITAL OR location) C CITY OF TANK!	outside corporate limi	ts, write RURAL and giv				
11	***		township				
-	Me tar Ineucables - 200 w. Loth St.  Yrs. D. STREET ADDRESS (If r	ural, give location)					
G	Length of stay in Baltimore 50 45. Moor 2998 Oakcrest	Avenue	27-07				
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		If Under 1 Year   If Under 24 House				
-		last birthday) Mo	onths Days Hours Min				
10	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF				
WOF	at home INDUSTRY	- County)	WHAT COUNTRY				
13	FATHER'S NAME 14. MOTHER'S MAILEN NA	T Ourginia	U.S. A.				
-	14. MOTHER'S MATERINA	ME 0					
15	WAS DECEASED EVER IN D. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT	720					
(Ye	was deceased ever in 0, s. armed forces?  If yea, give war or dates of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT	O A	DDRESS				
_	Do Charlotte & Clarinaus	. Home day	Dreugables				
	18. 443X CAUSE OF DEATH		INTERVAL BETWEE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 L					
	(This does not mean the mode of dying, e.g.,	assident	4Days				
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES	1					
z	(B) Apriliant la	dis . Vac cul	lau				
TIOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
4	UNDERLYING CONDITION LAST.		4 years				
5	(0)						
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON-						
	TRIBUTING TO THE DEATH, BUT NOT RELATED						
U	19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION		1 20 MUTODSY1				
AL	138. MAJOR PHADINGS OF OPERATION		20. AUTOPSY?				
EDICAL	21A. ACCIDENT WAS UNDER.   218. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If	in Baltimore City,	1				
ED	LYING OR CONTRIBUTING   ebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
Σ	ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY	OCCUR2					
F INJURY WHILE AT NOT WHILE							
	m. WORK AT WORK	= 1	- 1				
	22. I hereby certify that I attended the deceased from 2/23, 19.50 to	1 6 , 195	I, that I last saw th				
		e diuses and on t	he date stated abov				
	23A. GIGNATURE 23B. ADDRESS	art Bu	23d DATE SIGNED				

24A. BURIAL. CRENA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY

LOCAL REGISTRAR

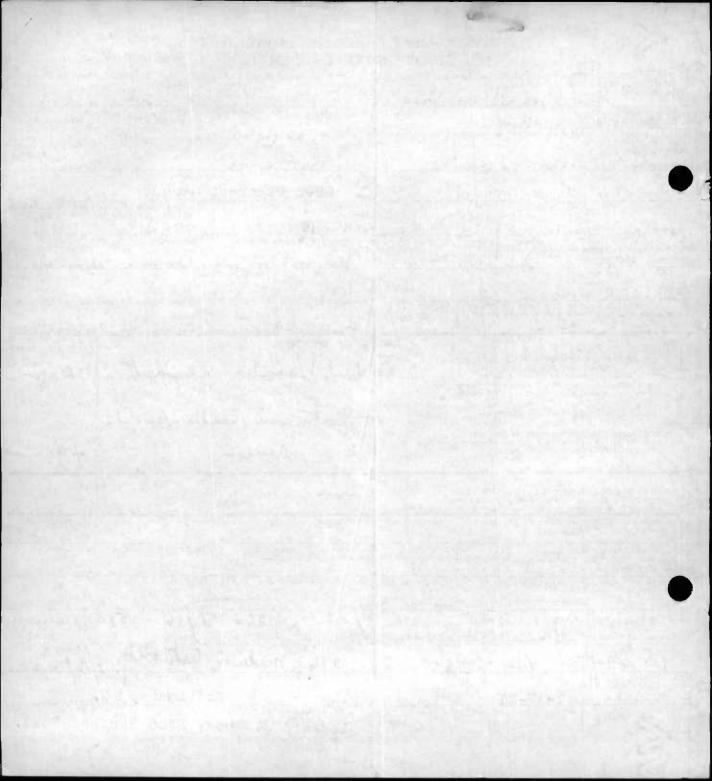
24B. DATE

7617-81 REGISTRAR'S SIGNATURE

Baltimore, Md.

Lechard J. Ruck, 5305 Harford Road.

Park | E



Dr. Golley	6289
------------	------

### BALTIMORE CITY HEALTH DEPARTMENT

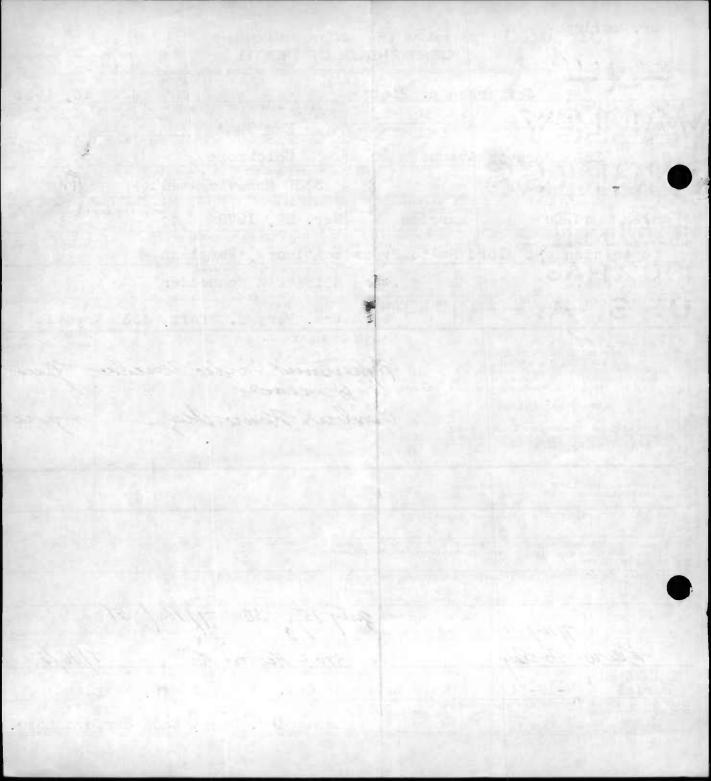
51 6289 Registered No.

BIRTH NO.	12-116	,	SERTIFICAT	E OF DEAT	H	egistered Iv	0	
1. NAME OF I	DECEASED				12.543	* F		
(Type or Print)		A. Pfaff	2. DATE  OF THIS 16 1051					
3. PLACE OF I	DEATH:	Terson	A. IIali	DEATH July 16, 1951  4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
A. Baltimore	City, Maryland		A. STATE B. COUNTY before admission)					
B. FULL NAME HOSPITAL OR	OF (If not in hospit	n, give street address or location)						
INSTITUTION			C. CITY OR TOWN (II outside corporate limits, write RURAL and give					
(A) (C)	3339 Mora	ia Ave		Daltimore				
			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	stay in Baltimore		Days	3339 Moravia Avenue 27-01				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		8. DATE OF BIRTH	lest		Under I Year   If Under 24 Hours			
male white married (Specify)		Mar. 27, 1879   last birthday)   Months Days Hours Min.						
Mork dane during most	CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign cou	ntry)	12. CITIZEN OF	
	intendent	Lord B	alto Press	Baltimore, Maryland WHAT COUNTRYS				
13. FATHER'S				14. MOTHER'S MAIDEN NAME				
John	Pfaff			Elizabeth Schneider				
15. WAS DECEAS	SED EVER IN U. S. ARMET	FORCES?	16. SOCIAL					
(Yes, nn nr unknnwn	(If yes, give war or date	s of service)	SECURITY NO.	Mrs. Mary	E Deces		Monaria	
1.0 .1.0					E. Flall	, 0000		
18. 44	3X 1		CAUSE	OF DEATH			INTERVAL BETWEEN	
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This doe	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						M YORKS	
injury or								
	ANTECEDENT CALLS	FC						
7	ANTECEDENT CAUSES				nonska	-0 /	Assertes 81	
DISEASES OR CONDITIONS, IF ANY, GIVING					K. M.C			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
<u>0</u> (c)								
1								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
U TO THE	DISEASE OR CONDITION	CAUSING IT.						
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			MATION			20. AUTOPSY?	
<u> </u>							YES NO	
	DENT WAS UNDER-		E OF INJURY (e. g., i m, factory, street, nffice hldg., e			imore City, gi	ive exact location)	
CAUSE OF								
210. TIME F INJURY	(Month) (Day) (Year)	(Hour) 2	E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR	?		
FINSORY			NOT WHILE					
20 77	m.   WORK   AT WORK							
	22. I hereby certify that I attended the deceased from July 15, 1957 to 7/16 /, 1957, that I last saw the							
	deceased alive on 7/16/57, 19 and that death occurred at f. m., from the causes and on the date stated above							
	7 - P W		. 2	38. ADDRESS	1020		23C. DATE SIGNED	
	CREMA- 24B. DATE		M. D.   , 4C. NAME OF CEMETE	7/07 NEW	RA MO		1/16/3/	
24A. BURIAL, TION, REMOVAL								
Burial	7-19-51		Holy Redeen		Baltimo			
DATE RECEIVE		SSIGNATUR	Elicated M. M. Co.	25. FUNERAL DIR	0 50		ADDRESS	
1311 9	4 A A A A A A A A A A A A A A A A A A A	welth In	7	Leonard J.	Ruck 5	305 Har	ford Road.	

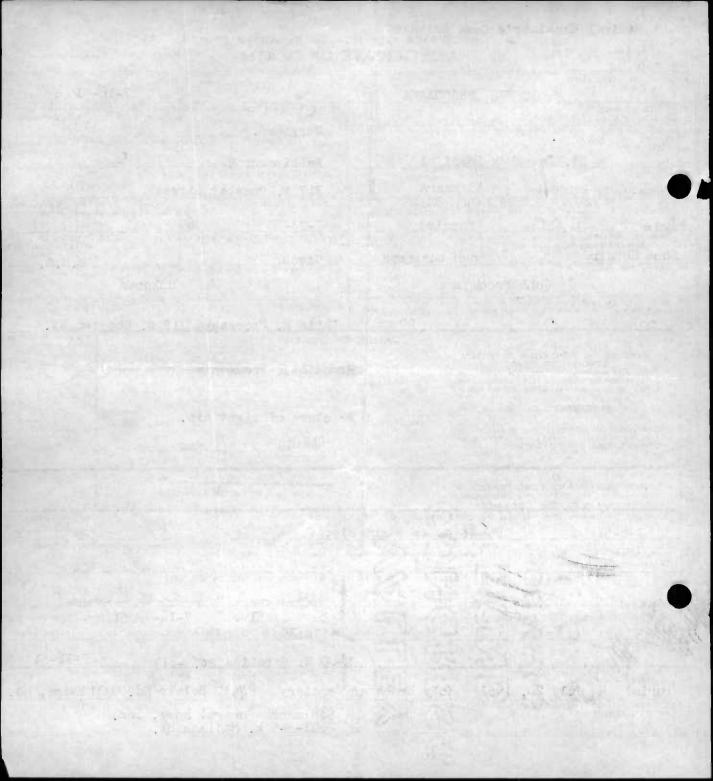
VS 150

290 4M

93)



C	622						
	Medical Examiner's Case Released BALTIMORE CITY HEALTH DEPARTMENT 51 6290						
В	51 RTH NO.	6290	E OF DEATH	Registered	No.		
	NAME OF D Type or Print)	ECEASED JOS	EPH PR	OCHASKA		2. DATE OF DEATH 7-	-16-51
	PLACE OF DE				4. USUAL RESIDENCE (W	( DENTIL	
8.	FULL NAME		al or institut	ion, give street address or	Maryland.		
	OSPITAL OR ISTITUTION			location)	c. CITY OR TOWN (If	outside corporate lim	ts, write RURAL and give township)
		St. Josepl	h's Hos	pital Yrs.	Baltimore, 5	rural give location)	An .
	ength of st	tay in Baltimore		years Mos.	717 N. Chester	Street	7-03
3.	SEA			E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		if Under   Year   If Under 24 Hours on the Days   Hours Min.
10	Male	White CUPATION (Give kind of	IOP KIND	of Business or	3-23-82 II. BIRTHPLACE (State or fo	69	12. CITIZEN OF
wor	Shoe Repa	f working life, even if retired)		INDUSTRY		aciga country)	WHAT COUNTRY?
13	FATHER'S N		I OWI	n business	Czech. 14. MOTHER'S MAIDEN NA	AME	U.S.A.
		John	Prochas	ska		unknown	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
	no			no	Julia M. Prochas	ka 717 N. Cl	nester St.
ERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS GOR CONDITIONS, III HE ABOVE CAUSE (A) TING CONDITION LA  III IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	TH of dying, e. ; ns the disease caused death SES  FANY, GIVIN STATING THE STA	(B)	Precture of right CERTIFICATION ASST. MEDICAL	hip.	ONSET AND DEATH
U				FINDINGS OF OPER			20. AUTOPSY?
DICAL	7-6-	51	Fract	ure of right h			YES NO
MEDIC	LYING OF	ENT WAS UNDER CONTRIBUTING DEATH  Month) (Day) (Year)	(Hour)	ACE OF INJURY (e. g., idarm. factory, street, office bldg., e	ED 21F. HOW DID INJURY	fell to f	wst.
		y certify that I att			7-5-, 19-51, to	7-16-, 195	1, that I last saw the
	deceased al	URE S.	Y 2-1	2/24/	red at 8:30p.m., from the second seco		23c. DATE SIGNED
2. TI	AA. BURIAL. C	pecify		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	DCATION (PHy, town	
_	Burial	July 20,		Holy Redeemer	Cemetery   1430	Belair Rd.	Baltimore, Md.
	ATE RECEIVED		night	Middles M. 5	25. FUNERAL DIRECTOR Schimunek Funera 2601-3-5 E. Mad	al Home, Inc	ADDRESS
	VS 150	J		) the distribution of the state			101
1	1	1-871.0		3	5255		186a



	51	6291 K. 14	1		EALTH DEPARTMENT	Negistered No	)
1.	NAME OF I			Kanlan		2. DATE of buly	14.1951
	PLACE OF	DEATH: City, Maryland	Mccs	napian	4. USUAL RESIDENCE (		
B. H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)	Md.	B. COUNTY  If outside corporate limits,	before admission) write RURAL and give township)
3	Supple .	Don Secours	MOSPICA		Baltimo		townsm <sub>t</sub> ,
	-	stay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS (I 2440 E.	Monument St.	7-02
5	SEX	6. COLOR DR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   MU last birthday) Mont	nder I Year If Under 24 Hours the Days Hours Min.
1.0	female	white CCUPATION (Give kind of		dowed	July 7, 1873	78	
wor	k done during most	of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)   1	2. CITIZEN OF WHAT COUNTRY?
13	housewill FATHER'S			at home	Baltimore,		U.S.A.
			D-7-1-		14. MOTHER'S MAIDEN		
1:	5. WAS DECEAS	MACIE	W Bolek	16. SOCIAL	unkno	wn	
(Ye	m, oo or unkoown	(If yes, give war or dated	of service)	SECURITY NO.	Miss Marie F. Ka		above
CERTIFICATION	DISEASE RISE TO UNDERL  OTHER: TRIBUTIN TO THE (	LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea: complication which c  ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION G TO THE DEATH, BUT	f dying, e. g. ms the disease aused death.  ES  FANY, GIVING STATING THIST.  TIONS CON- NOT RELATED CAUSING IT	(B) Core  (B) Core  (C) work  Secondor	nay occl	esson	
AL	I DATE	OF OPERATION / 1	9B. MAJOR	FINDINGS OF OPER		Till.	D. AUTOPSY7
MEDICAL	CAUSE OF  21D. TIME  OF INJURY	(Month) (Day) (Year)	(Hour) 2 m.	TE. INJURY OCCURRENTE AT WORK	21c. WHERE DE INJURY OCCUR?		
	22. I herel deceased a 23A. SIGNA	by certify that I att	ended the condition of	nd that death occur	red at 645 Pm., from  38. ADDRESS  Bon Second	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
	4A. BURIAL. ON. REMOVAL (	Specify)		oly Redeemer	RY OR CREMATORY 24D. I	Belair Rd. Ba	
D.	ATE RECEIVE DCAL REGIST	D BY   REGISTRAR'S		RE,	25. FUNERAL DIRECTOR Schimunek Funer 2601-3-5 E. Mad	al Home, Inc.	ADDRESS
	VS 150						94a

and the work is caus possippe Sillin after The track of the state of the second could be

The latest terms of the la

1	1	17	62	9	2	
)	T	-				

collect age is especially important. I hysicians, prease write the causes of ucaul creatly and

#### BALTIMORE CITY HEALTH DEPARTMENT

51	6292
Registered 1	
registered :	
2. DATE OF	
DEATH 7-1	institution: residence
B. COUNTY	before admission)
Baltimore C:	ty ts, write BURAL and give
	township)
rural, give location)	
A STATE OF THE STA	A miximum and the
Avenue 9. AGE (In years)	if Under 1 Year H Under 24 Hours Onths: Days Hours Min.
Jast birthday) Me	onths Days Hours Min.
reign country)	12. CITIZEN OF
v	WHAT COUNTRY?
AME	U. U. A.
Queen	
	DDRESS
mons-4413 N	forwood Ave.
	INTERVAL BETWEEN
11-1-0	clevis.
nerios	clerones
iosis	
0 1	
an Hen	al Disease
ma.	20, AUTOPSY?
	20. 20.005

Baltimore #1, Md.

1310

B	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	10.
		ECEASED				Lo DATE	
(1	ype or Print)	eceased ary Thompso				2. DATE OF	
	ames Ca	ary Thompso	on			DEATH 7-14	
	PLACE OF D	City, Maryland	1000 0	10+00 1-00-0	4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution: residence before admission
	FULL NAME			aton Avenue			
H	OSPITAL OR	OF (II hot in nosp	ital of Institut	location)	4/	Baltimore Ci	s, write HURAL and give
	STITUTION		**		e. or rown	outside torporate iimit	twnship
	enkan's	Memorial	Hospit		Baltimore Ci		
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ength of s	tay in Baltimore	30	years Mos.	4413 Norwood	Avenue	3
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year   If Under 24 Hours
	M-7 -	1.7	WIDOW	ED, DIVORCED (Specify)		last birthday) Mo	onths Days Hours Min.
	Male	White		Widower	8-16-1871	79	
worl	done during most	CUPATION (Give kind of working life, even if retired	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Retire			Estate	Bardstown, I	Kv.	TT C A
13	FATHER S		1 210002	250406	14. MOTHER'S MAIDEN N.		U.S.A.
	17	lean on la ST (M)					
		rank N. Tr	-		Elizabeth (	Queen	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(==	Mes	Span. Amer		SECORITI NO.	Mrs. Lucy Sin	mmono Julia z N	Tanana A A
	1.1	2	0.011			IIIIOII8II) N	orwood Ave.
	1B. 44	12X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY	0	Pa A	/1 /_0	0.
	(This does	LEADING TO DE.	ATH	- Wen	erales od (	Merios	1 ( certal A)
	heart failt	ire, asthenia, etc. It me	ans the diseas	ie,			
	injury or	complication which	caused death	n.) DUE TO			24 17 17 17 17 17 17 17 17 17 17 17 17 17
		ANTECEDENT CAL	ISES	1/	9 0 C Y		
Z				(B) Cec	charl Dele	ioses	
0	DISEASE	S OR CONDITIONS.	IF ANY, GIVII	NG		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
5	RISE TO T	THE ABOVE CAUSE (A	) STATING T	HE OUE TO			
FICA				1/	1-	0 1	
L	. G. 177/34			101 Clark	die macu	Tur I la on	al DIMENAO
ERTI	OTHER	II SIGNIFICANT CON	NITIONS				
H		TO THE DEATH, BU			0//		
O		ISEASE OR CONDITIO			una gre	mia)	
1	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
X							YES NO X
EDICAL	21A. ACCIDE	ENT. SUICIDE, (Specify)	218. PL/	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	If in Baltimore City, 1	give exact location)
	HOMICIDE	(Specify)	about nome,	arm, ractory, acreet, onice mag.,	etc.) INJURY OCCUR?		
Σ	21p TIME	(Month) (Day) (Year	e) (Hours)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	V OCCUP?	
	PF INJURY	(Month) (Day) (Lea.			ED ZIF. HOW DID INSON	1 OCCOR!	
			m.	WHILE AT NOT WHILE			
	22 I hough	a and No. 4 had T	4 3 . 3 . 4 % .	decembed from	1 1061 10	1 . 0 . 114 105	I that I land and the
	22. I hereo	y certify that I a	tenaea the	aeceasea from	ine 1, 1957, 10	1 Con + , 100	L, that I last saw th
			2, 19.5/,		red at 3: 45Am., from t	he causes and on ti	
	23A. SIGNA	TURE	1	2	3B ADDRESS	h/ h	23c. DATE SIGNED
	100	me 9/	Vea	CU M.D.	All alane	0/1000	1/14/51
2	4A. BURIAL.	CREMA- 24B. DATE.		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county)/ (State)
111	ON, REMOVAL (S		7 1053	V-73		Amildonaha	772
-	ATE RECEIVE	July-1	S-19511		tional Cemetery	Arlington,	Virginia.
L	OCAN REGIST	RAR	- A/15		1 1	0	
	1111 1 0	1951 mitu	on / Kolle	autid Marie S	tewart & Mower Co	108 W. No	rth Abenue
		1001					

MARKET STATE OF THE STATE OF TH

Casemas Carra Company

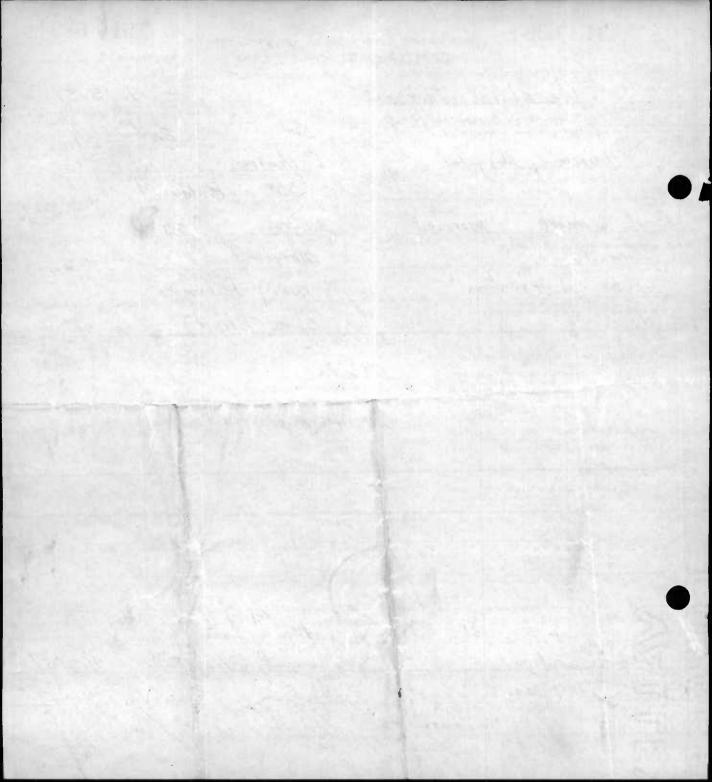
A Property of the Control of the Con

AND CONTRACTOR

# CERTIFICATE OF DEATH

TMENT		OT	0200
	-		

47		EALTH DEPARTMENT 51	6293
	BIXTH NO.	E OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print) GERALdine Jackson	2. DATE. OF DEATH 7-15	5.5/
	A. Baltimore City, Maryland Carresity Hosp.	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR JOWN (If outside corporate limits, w	etu
ly.	University Hospital	Baltimore 17-	township)
9	Length of stay in Baltimore  30 Yrs. Mos. Days	550 W. Biddle St.	
y and	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)		s Days Hours Min.
clearly	IOA. USUAL OCCUPATION (Give kind of work dooe during most of work in life, even if retired)  INDUSTRY	Maryland	CITIZEN OF WHAT COUNTRY?
ath	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	t. J
ap 10	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Mary Falmer	
	(Yes, no or unfoowo) (If yes, give war or dates of service) SECURITY NO.	Same (Paliest) See	RESS
causes		OF DEATH	INTERVAL BETWEEN
erre	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g.,		ONSET AND DEATH
ann	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
2	ANTECEDENT CAUSES		
neas	DISEASES OR CONDITIONS, IF ANY, GIVING	ui Rephritis	
.	CI CHELLING CONDITION LAST.		
Iciai	OTHER SIGNIFICANT CONDITIONS CON-		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	. 19A. DATE OF OPERATION . 198 MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
TI DO	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	or   21c. WHERE DID (If in Baltimore City, give	YES NO
	E CAUSE OF DEATH	tc.) INJURY OCCUR?	exact location)
	OF INJURY (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 5-	1 -1 / 1 1 -1	
	deceased alive on 7-15, 19 51, and that death occur	red at 9° p. m., from the causes and on the d	nat I last saw the
		- 1000	C DATE SIGNED
	24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETER		ounty) (State)
	1 20/51 - not P	orlvery Balla,	meh
	LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25 FUNDAL CHECOR	DRESS
1	VS 150	water min	true
11	"对抗的抗菌 中国中华	13129/8	amelo



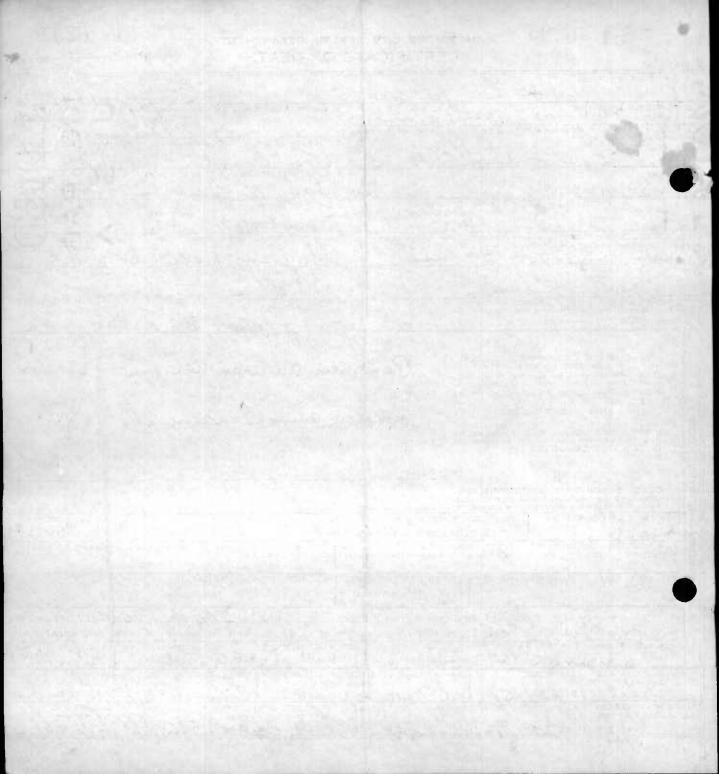
Registered No.

BIRTH NO.			JERTH TOAT	L OI DEATH	,	
1. NAME OF (Type or Print		- 1 .	5		2.DATE	12.307.1
(Type of Frint	" Cal	tieren	e M	orden	DEATH CUL	215,1951
	City, Maryland	3025 M	/indows an	A. STATE	CE (Where deceased lived)	f institution : residence before admission)
B. FULL NAM HOSPITAL OI INSTITUTION	R	al or institutio	n, give street address of location	c. CITY OR TOWN	(If cutside corporate limi	ts, write RURAL and give
M	indsor 1	est	Home	Ballem	ose to	1-18
			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	Para
5. SEX	stay in Baltimore	7. SINGLE.	Days	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   II Gader 24 Hours
Female	White		D. DIVORCED (Specification)	april 15, 18		onths Days Hours Min.
	OCCUPATION (Give kind of ost of working life, even if retired)		OF BUSINESS OR INDUSTR	1 BIRTHPLACE Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAID		
	Tenkenown			Tenk	mown	
15. WAS DECE	ASED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	21.40 1. 2	ADDRESS
			0	Just Proce	retileship of	INTERVAL BETWEEN
18. 3	$3/\times 1$		CAUSE	OF DEATH		DNSET AND DEATH
	ASE OR CONDITION LEADING TO DEA	TH	Con	had Varadas	acident	2 Hours
heart fa	oes not mean the mode ilure, asthenia, etc. It me or complication which	ans the disease.		0.00		27000
	ANTECEDENT CAU	SFS	41.	1 /	elal arteriore	1 over
Z			(B)	en.	estal asterior	clessis 6 geors
RISE TO	SES OR CONDITIONS, THE ABOVE CAUSE (A)	STATING THE	DUE TO			
UNDER	RLYING CONDITION L	AST.	97	1.1 00	to inches	over
E	- 10		(C) Jeen	enalized ari	unn yerasus	6 gears
	SIGNIFICANT COND			1. 11 A	I - 1	over
	ING TO THE DEATH, BUT DISEASE OR CONDITION			we Tlan	acture	6 years
	OF OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		2.0 AUTDPSY?
V ZIA ACCI	DENT, SUICIDE,	1 21B. PLAC	CE OF INJURY (e. g.	in or 21c, WHERE DID	(If in Baltimore City,	give exact location)
HOMICIDI	E (Specify)		rm, factory, street, office bldg			
21b. TIME F INJUR	(Month) (Day) (Year	(Hour)   2	1E. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
111301			WORK NOT WHILE			
22. I her	eby certify that I at	tended the c	leceased from Feb	. 23 , 15 <b>1</b> , t	July 15 , 19.5	1, that I last saw the
deceased	alive on July 3	_, 1 <b>51</b> a	nd that death occ	urred at 12:30pm, fr	rom the causes and on	the date stated above
23A. SIGA		man		2 E. Read Str	reet #2	23c. DATE SIGNED 7-17-51
24A. BURIAL TION REMOVAL	CBAMA- 24B. DATE	/ 2	M. D.   4¢. NAME DF CEMET		4b. LOCATION (City, town	
TION REMOVAL	(Specify) Cular /s	7/57	tondon!	fark	Ballemona	Wanetan Q
DATE RECEI	VED BY REGISTRAR	SIGNATUR	RE .	25. FUNERAL DIREC	TORA O	ADDRESS
LOCAL REGI	957 rtmate	太阳	iama, MAR)	Josepa Jr	en 5005/1/6	Malathe
VS 150		marie 4	and the support of the	10	/	120
		-1/20 PA DRIVER \$10.	No. of the last of	(/		800

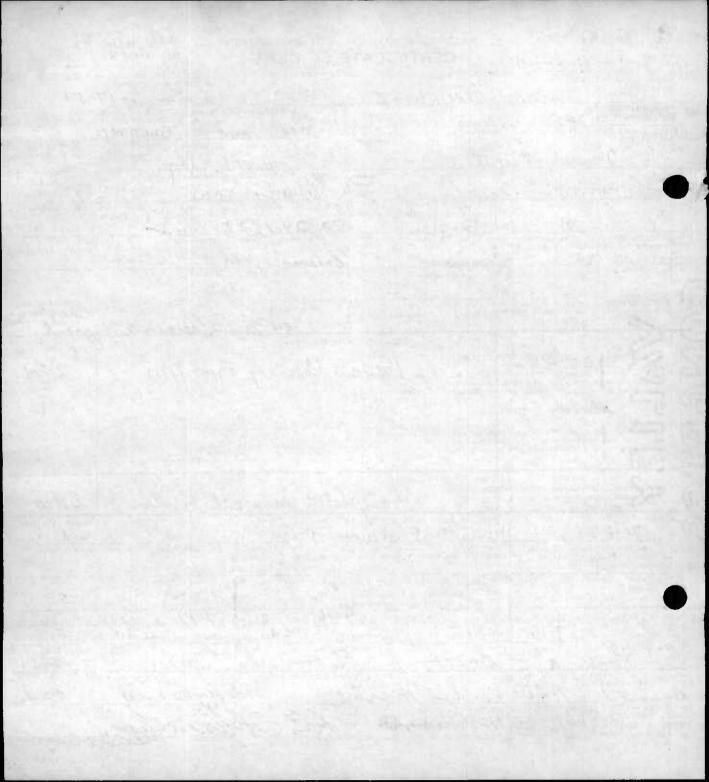
Dr. Gerry Futtern no 8886 Sa 2180

51 6295

BIRT	H NO.			CERTIFICAT	E OF DEATH	Registered No	
1. NA	ME OF DE	LESSIS.	22.	Parles.		2. DATE OF DEATH WELLS	-16 1957
A. Ba		ity, Maryland	35027	litton are	A. STATE	(Where deceased lived, If in	stitution : residence before admission)
HOSE	LL NAME ( PITAL OR ITUTION	OF (If not in hos	pital or institut	ion, give street address or location)	c. CITY OF TOWN	(If outside corporate limits,	write RURAL and give township)
	- 6	signon	nest	Yone Yrs.	b. STREET ADDRESS	(If rural, give location)	
S26	ength of st	ay in Baltimore		Mos. Days	3001 W.	Jarrison (	brenne
5. SE	x Trusle	7/ Pute		E. MARRIED. VED, DIVORGED (Specify)	March 20, 18		der I Year II Under 24 Hours hs Days Hours Min.
10A. I work don	e during most of	CUPATION (Give kind f working life, even if retire	lof 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	WHAT COUNTRY
13. F	ATHER'S N		/		14. MOTHER'S MAIDEN	I NAME	
15 W	ASDECEASE	DEVER IN U. S. ARN	ED FORCES	Lac social	Dealne	2 Junisso	y
(Yes, wo	or unknown)	(If yes, give war or d	ates of service)	16. SOCIAL SECURITY NO.	James W. Parles	2001 N. Jas	rigon Che
18	3. /	75×1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	EATH	( COA TO	med adeusc	arcia ma	6 mus
	heart failu	not mean the mod re, asthenia, etc. It n complication which	neans the diseas	se,			
7		ANTECEDENT CA	USES	mu	an adeurcar	Quinery e	150.
ATION	RISE TO TI	OR CONDITIONS HE ABOVE CAUSE ( YING CONDITION	A) STATING T	(B)			J*
IFIC		11		_(C)			
CERTI	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU	UT NOT RELAT	ŁD .			
J 19	A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
V Z		YYC NT. SUICIDE.		ACE OF INJURY (0.8.		(If in Baltimore City, giv	YES NO E
H H	OMICIDE	(Specify)		farm, factory, street, office bldg.,		(22 (10 22 (10 )	
	ID. TIME (	Month) (Day) (Yes		21E. INJURY OCCURR		URY OCCUR?	
12	2. I hereh	y certify that I c	m.	dengged from	arch 1957 to	Freb. 16 1951	that I last saw the
	eceas a al			coccado de j. c	2	the causes and on the	
2:	3A. SORAR	1 . 1 .	hora	A I	101 W Rea		33c. DATE SIGNED
24A.	BURIAL, C	REMA- 24B. DATE		246 NAME OF CEMETE		OLOGATION (City, town, o.	ounty (State)
13	usia	e July 19		Druid	Kidge Th	iscarelle, Ma	ruand
	RECEIVED	RAR /	R'S SIGNATI	IRE 5	25. FUNERAL DIRECTO	500 Pb	ADDRESS Le
JU	vs 150	51 / www.	ingles /	College a Manten et .	1001	Company Property	49a
							/ / -



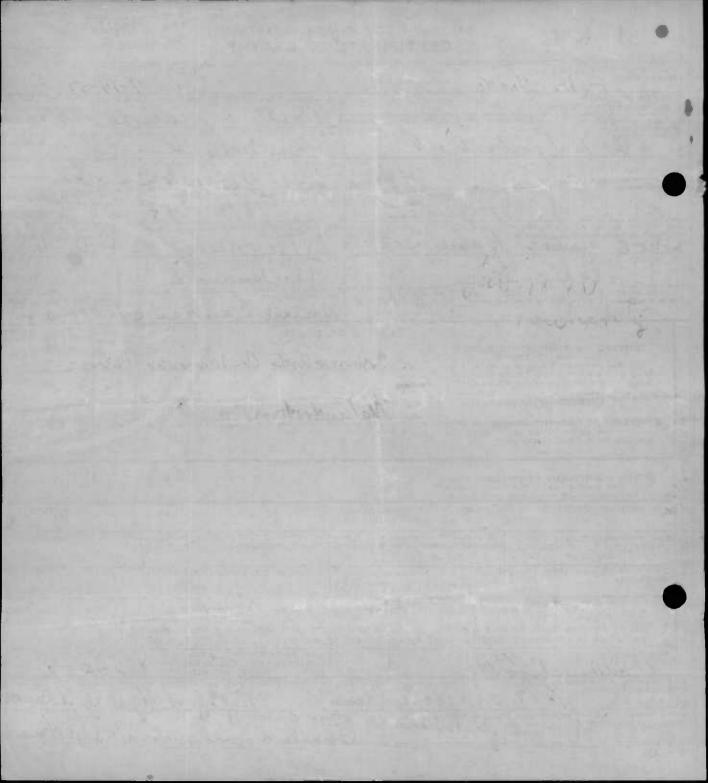
	51 62	296			HEALTH DEPARTM		6296
=	RTH NO.	一年多一		ERTH TOA	TE OF BEATT		
(T	NAME OF D	Louis	DEL	IKOVITZ		2. DATE OF DEATH	7-17-51
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDE	NCE (Where deceased B. COU	lived. If institution: residence NTY before admission
B. H		OF (If not in hospi	tal or institution	, give street address location	or MARULLI	and BA.	ate limits, write RURAL and give
	)	University Ho	espetal			TT City	township
(	ngth of s	tay in Baltimore	2	Me Da	- Clarkin	Road Road	tion)
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In y	years If Under 1 Year If Under 24 Hours
	M	W	SiN	ale (spec	12-24-18	88 63	day) Months Days Hours Min.
wor!	done during most	CUPATION (Give kind of working life, even if retired.	10B. KIND C	BUSINESS OR		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S		Kana	may	14. MOTHER'S MAIL	DEN NAME	1.
		?				7	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS MALLES
	?			SEGORITI NO	SELF %	usse Therese	a Herrich.
	18. 56	1.01		CAUSI	E OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	Pace	PLE CARALARY	Theonhood	
	heart failu	rc, asthenia, etc. It mes	ans the disease.	(A) / USJ/	BUE COKUNHRY	Thrombosis	2 749.
	injury or	eomplication which		DUE TO			
Z		ANTECEDENT CAUS	SES	(B) 5			
TIOIT	DISEASES	S OR CONDITIONS, I	F ANY, GIVING	DUE TO	***************************************	•••••••••••••••••••••••••••••••••••••••	
CAJ	UNDERLY	ING CONDITION LA	AST.	(C)			
F		t i					
CERT	TRIBUTING	IGNIFICANT COND. TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Strang	whated Inau	inal Hermi	i Zdau
				INDINGS OF			20. AUTOPSY?
CA	7-1	6-5)	Hrugalo		mous ileum		YES X NO
1EDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLAC about home, farm	E OF INJURY (p. 1 n,factory, street, office blo	g., in or 21c. WHERE DI		City, give exact location)
Σ	21D. TIME	(Month) (Day) (Year	(Hour)   21	E. INJURY OCCUI	RRED 21F. HOW DID I	INJURY OCCUR?	
K				ORK NOT WHI			
	22. I hereb	y certify that I att	tended the de	ceased from	7.16 195/		, 191, that I last saw the
	deceased al		_, 19_J. an	d that death oed		from the causes and	d on the date stated above.
	23A. SIGNA	DRE ST	1500	-	23B. ADDRESS	to Harda Val	23c. DATE SIGNED
24	A. BURIAL.	REMA- 248. DATE	C . 24	C. NAME OF CEME	TERY OR CREMATORY	240. LOCATION (Cit	y, town, or edunty) (State)
_	Burial	1 7-20.	-51 1	t mar	les !	Highla	us and
LC	TE RECEIVE		S SIGNATUR	iama, Mile	25. FUNERAL DIRE	Lyen lot	ADDRESS A
	VS 150		1	to the state of	0	1 0	secold dely
			AMAR		82010		1220



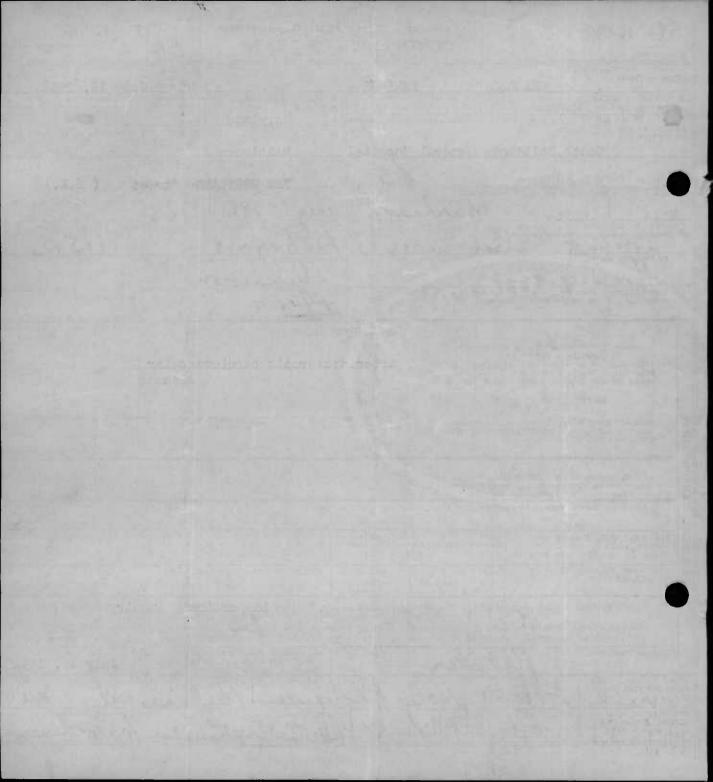
16	00			EA ON	i far
6	51 6297		EALTH DEPARTMENT	OL OCA	37
В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DECEASED Type or Print) Felix Noc. Ko	1		2. DATE OF DEATH 7-1	4-5-1
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		
В		titution, give street address or location)		maregle	w
"	VISTITUTION / W Toulor	est.	Tolling	nco	write RURAL and give township)
	ength of stay in Baltimore	Yrs. Mos. Days	641 W	Pural, give location)	SU.
	m W.	NGLE, MARRIED, DOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last hirthday)	Under I Year If Under 24 Hours hths Days Hours Min.
war	DA. USUAL OCCUPATION (Give kind of k operations most of working life, wen if retired)	AIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME	0	14. MOTHER'S MAIDEN N		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wer or dates of service)	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	B ( AE	DRESS 7 0 0
	1B. 1 1 - 1	CALISE	OF DEATH	inea oy	INTERVAL BEIWEEN
	DISEASE OR CONDITION DIRECT	TLY A ,			ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of	iscase,	nosclaudic Cardio	wascular Di	ese_
	ANTECEDENT CAUSES	n. /			
Z	DISEASES OR CONDITIONS, IF ANY,	SIVING	natration	***************************************	
FICATION	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE DUE TO			
IC/		(0)			
RTIE	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE				
CEF	TO THE DISEASE OR CONDITION CAUSIN	KG IT	ATION		
L	198. MAL	JOR FINDINGS OF OPER	ATION		YES NO
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about h	PLACE OF INJURY (e. g., in ome, farm, factory, street, office hidg., e	21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, gi	
M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of	AT HORK	bove, held an house	Vion	thereon and from
	the evidence obtained by said A and death in my opinion resulte	utopsy, Inspection or I	Autopsy, I nguiry, find that said de	Inspection or Inquiry eceased died on the	day stated above.
	23A. SIGNATURE		238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATE	EXAMINER 230	DATE SIGNED
24 T)(	A. BURIAL, CREMA- DN, REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, o	r county) (State)
10	muel 1-11-51	Holy Ros	s. Hete	lea Hour	U. U. Laurdy
LC	ATE RECEIVED BY REGISTRAR'S SIGN	- Milliands Mass	There WAGE	houseus 7.	Jue House &
V	S 151				

V S 151

5828E



I.	1 6298	BALTIMORE CITY HE CERTIFICATE		6298
В	RTH NO. T- 420	CERTIFICATE	E OF DEATH	704 110,
	NAME OF DECEASED ype or Print) CHARLES	TELISHA	2. DATE OF DEATH J	ular 15 1051
	PLACE OF DEATH: Baltimore City, Maryland	2202_0111	4. USUAL RESIDENCE (Where deceased liver A. STATE B. COUNTY	red. If institution : residence
H	FULL NAME OF If not in hospital or i DSPITAL OR STITUTION	nstitution, give street address or location)	Maryland c. CITY OR TOWN (If outside corporate	e limits, write RURAL and giv
		General Hospital	Baltimore	township
		Yrs. Yrs. Mos.	D. STREET ADDRESS (if rural, give location	0m3 V*
	ength of stay in Baltimore  SEX   6.COLOR DR RACE   7.S	INGLE, MARRIED.	712 PORTLAND Stree	t (E.L.)
		DOWED DIVORCED (Secify)		v) Months Days Hours Min
10 worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIFT HPLACE (State or foreign country)	12. CITIZEN OF
13	FATHER'S NAME	t- Maker.	14. MOTHER'S MAIDEN NAME	USA,
	Wie Parinia-			
15 (Va	. WAS DECEASED EVER IN U. S. ARMED FORM, no or unknown) (If yes, give war or dutes of ser	ES?   16. SOCIAL	17. MFORMANT	ALIDRESS
(20	(11 you, give was of dates of bot	SECURITY NO.	Bukievinz 917.	4. Bullan St.
	18. 4221	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE			
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	sclerotic cardiovascular disease	
	ANTECEDENT CAUSES	death, Doz 10		
Z	DISEASES OR CONDITIONS, IF ANY	(B)		
OF	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ING THE DUE TO		STATE STATE
S		(C)		
RTIFICATION	OTHER SIGNIFICANT CONDITION	S CON-		
ER	TRIBUTING TO THE DEATH, BUT NOT I			
L	19a. DATE OF OPERATION   19B. M	AJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
ICAL		B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., et		City, give exact location)
EDI	UTING   CAUSE OF DEATH.			
Σ	2 1D. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE	D 21F. HOW DID INJURY OCCUR?	
L	22. I certify that I took charge of	f the remains described at	bove, held an inspection & inqu	iirv thereon and from
			Autopsy, Inspection or Inc.	miry
=	and death in my opinion result	ted from: natural eauses	k, aeeident , suicide , homicide	$\square$ , undetermined $\square$ .
	23A. SIGNATURE	isker M.	23B. CHIEF MEDICAL EXAMINERX ASSISTANT MEDICAL EXAMINER	July 16, 1951
24 T.H.	M. BURIAL, CREMA- 24B. DATE	245. MAME OF CEMPTER		town or county) (State)
1	Juriel 1717-3	Hray rec	leener / belurr	Rey nux
LO	TE RECEIVED BY REGISTRAR'S SIG	Villianis MA	25 FUNERAL DIRECTOR	703 NG herry
4	\$ 151			(Ca)
		50	708C	739

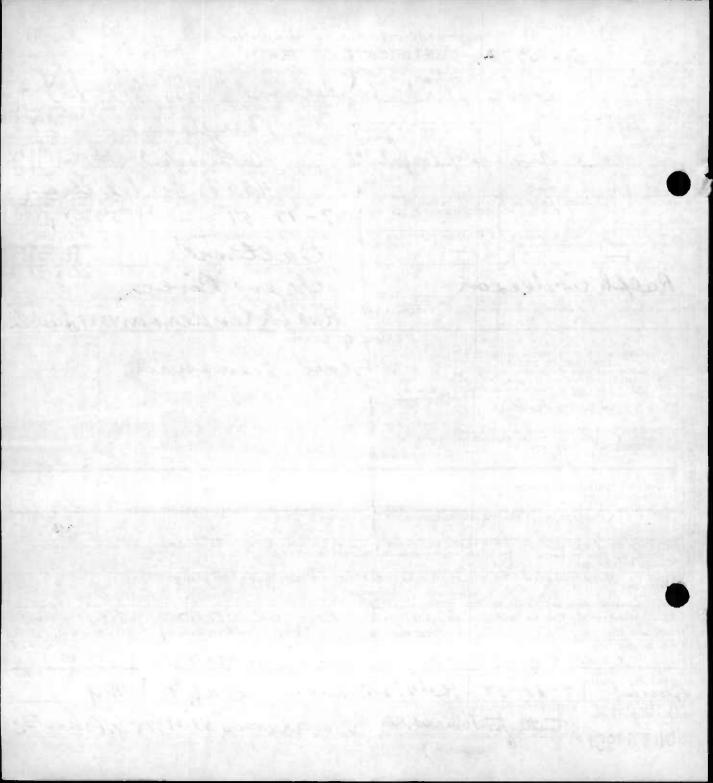


51 6299 BALTIMORE CITY HE	51 6299
	D 11
BIRTH NO. WILLS 2M = 17 NOL	OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE 71 -1 -1
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland	A. STATE  B. COUNTY  before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and city
INSTITUTION S HES LITER	B / 1 / 3 township
Stagnes Hospital	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Days	2003 Ramsay 5+ 23
SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In year) II Under 1 Year   II Under 24 Hour
MIDOWED, DIVORCED (Specify)	2 -21 - 81 last birthday) Months Daye Hours Min
	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)	mar country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lowis Could	Augusta Stabl
15. WAS DOCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no of uprinowo) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(Yes, no durinowo) (If yes, give war or dates of service) SECURITY NO.	20-Elizabet 1 1. Azunde
18. / CX . CAUSE O	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
(This does not mean the mode of dying, e.g.,	nere in a Common train
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES probe	ble primary site-duodemum)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
F II	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in c.	or 21c. WHERE DID (If in Baltimore City, give exact location)
218. ACCIDENT WAS UNDER.  LYING □ OR CONTRIBUTING □  CAUSE OF DEATH  218. PLACE OF INJURY (e. g., in a shout home, farm, factory, street, office bldg., etc	
210. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	7
m,   WORK AT WORK	
22. I hereby certify that I attended the deceased from	129, 1951, to 7/15, 195 that I last saw th
	ed t. 7:45 9m., from the causes and on the date stated above
10 Polle 10 N	ADDRESS 23C. DATE SIGNED
24A. BURIAL CREMA. 24B DATE TIEN REMOVAL Specify	Y OR CREMATORY 240 LOCATION City, town or county) (State)
TIAM REMOVAL (Specify)	PIND DAVING
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25-EUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAD	25 EUNERAL DIRECTOR ADDRESS
THE TEXT TO THE TANK AND A PARTY AND A PAR	I COM LOT LOT LOT DE LA DELLE
AUCT O LOAD	· XIlle gover to year of Jo. Cutard Pl
VS 150	Sollephy Holand Jo. Entand Pl

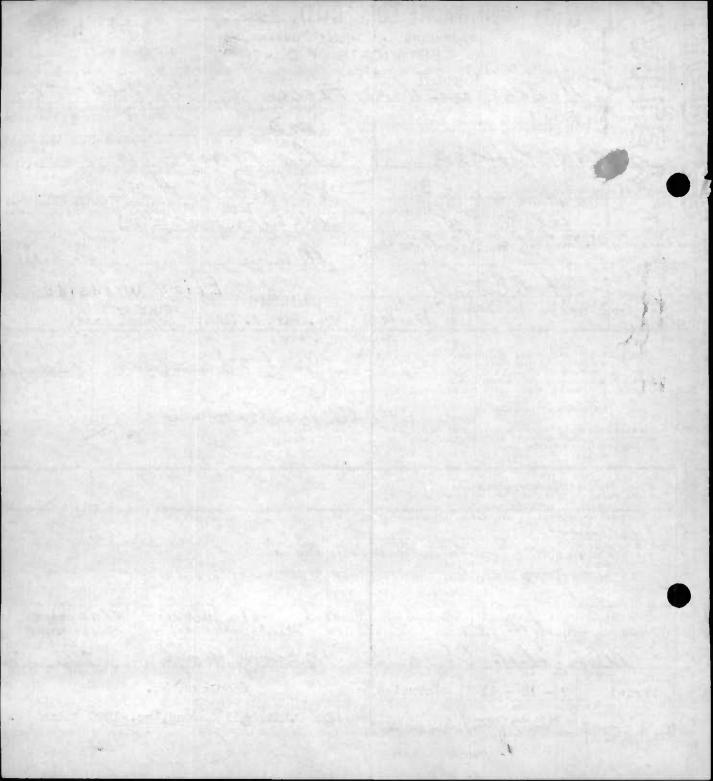
2 -15 11

See Document File 51-6299
7/27/51
ES

-	536						
		6300	BAI	TIMORE CITY HE	ALTH DEPARTMEN	5i	1 6300
ВІ	RTH NO.	51-159		CERTIFICATI		Registered No	
	NAME OF D	ECEASED BL	by	7:0 Q	derson	2. DATE. OF DEATH	2/51
	PLACE OF D Baltimore (	EATH: City, Maryland	0	400	4. USUAL RESIDENCE	(Where deceased liver, If in	stitution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	/ hs	repland .	16-0'h
	STITUTION	1.	1	/ Lun Tal	c. CITY OR TOWN	(Moutside corporate limits,	write RURAL and give township)
7		ya.		Yrs.	D. STREET ADDRESS	(If rural, give beation)	7/6
_		tay in Baltimore		Mos. Days	433	7 Seedel	. Uve.
5.	SEX	6. COLOR OF RACE		E. MARRIED, /ED, DIVORCED (Specify)	7-17-5		der I Year If Under 24 Hours hs Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kied of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	A A	AME			14. MOTHER'S MAIDEN	I NAME	
15	. WAS DECLASE	D EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL	osene	revec	
(Yes	s, no or unknowo)		e of service)	SECURITY NO.	Ralfh a	ndersony	37 Ludela
ERTIFICATION	(This does heart failus in jury or DISEASES RISE TO TUNDERLY	GE OR CONDITION LEADING TO DEA not mean the mode or e, asthenia, etc. It mes complication which ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA ISING CONDITION LA ISING CONDITION LA ISING CONDITION LA ISING CONDITION LA ITO THE DEATH, BUT	TH  of dying, e. g.  ns the diseas  caused death  SES  F ANY, GIVIN  STATING TH  STT.  TIONS CON	(B)(C)(C)	ewe Pre	maturity	
U		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		2		- INDINOS OF OFER			YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., iz arm, factory, atreet, office bldg., e	to:) 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
2	21D. TIME (	Month) (Day) (Year		21E. INJURY OCCURRENT NOT WHILE AT NOT WHILE	ED 21F, HOW DID INJ	URY OCCUR?	
	22. I hereb	y certify that I at	ended the	deceased from	7-17 , 1951, to	7-17: , 1951	that I last saw the
	deceased al		, 195/			m the causes and on the	date stated above.
	23A. SIGNAT	usure 16	su fu	M. D. 2	Sinai 100	shifal	7-17-5/
TIC	N REMOVAL (S	REMA- pecify) 4-18	-51	Holy Loco	RY OR CREMATORY 24	LOCATION (City, town, or	county) (State)
	TE RECEIVE	RAR 1 4-1 AL	S SIGNATU	RE .	25 FUNERAL DIRECTO	DR A	DORESS
	1211	Tunti	elan III	Marie Marie	Jack Corac	4 88 an 900 U.	Charles
	Uks h50	951	- municipal de	A STATE OF THE STA			159



13	51 6301 CERTIFICATE CORRE	CTED 7-26-51 54 020
1		EALTH DEPARTMENT
	BIRTH NO.	E OF DEATH
	1. NAME OF DECEASED (Type or Print) NARSHALL HOBGI	72ECC 2. DATE OF 7-16-51
	S. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
0	Yrs.	DALT MORE 11-0
le	ength of stay in Baltimore	b. STREET ADDRESS (If rural, give location)
SHIP	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRT 1868 9. AGE (In years if Under I Year If Under 24 Hours Min. July 27 (82)
TERT	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during most of Not high me, even if retired) Bartlett-Haywar oustry	
2.113	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
man.	Chiver Hobbitiell	· Eliza Woodside
38 01	15. WAS DECEASED EVER IN U. S. ARMED FORCE 17 (Yos, no or nuknown) (If yos, give war or dates of service) SECURITY NO.	Mrs. Mary H. Abbott Boston, Mass.
rus	18 CAUSE	OF DEATH
20 a	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
un anı	LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthonia, ctc. It means the discase, injury or complication which caused death.)  DUE TO	rebrol Mambers 13 days
IM:		
east	DISEASES OR CONDITIONS, IF ANY, GIVING	visselvoris
ıd :	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ans	O C	
SIC	OTHER SIGNIFICANT CONDITIONS CON-	
Lu	TO THE DISEASE OR CONDITION CAUSING IT.	
	198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
Car	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g.,	
	LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg	otc.) INJURY OCCUR?
M M	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
iaii	m.   WORK   AT WORK	
especia	22. I hereby certify that I attended the deceased from	rred at 2:34m., from the Jauses and on the date stated above
1.6		23B. ADDRESS 23c. DATE SIGNED
se is	am. HoH. Then M.D.	Mercy Hosp. 7-16-57
ct age	24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 7 - 18 - 51 Lorraine	Woodlawn, Md.
correct	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
00	111 1 9 1951 tutueto Whienes Are	John O.Mitchell & Sons, Inc1900 Eutaw Pl.
	Vs 150 133	83B



51	6302

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Vame s JWar DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland before admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. N. Paca ength of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Houre | Min. Single 10A. USUAL OCCUPATION (Givekind of) 11. BIRTNPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U5 A 13. FATHER'S NAME H 14. MOTHER'S MAIDEN NAME Q ames Dwart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Unlim 18. WITERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES -21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 19 3/, that I last saw the 22. I hereby certify that I attended the deceased from 16 du deceased alive on 17 July, 1951, and that death occurred at 3:45 Pm., from the causes and on the date stated above. 23c. DATE SIGNED Luh

24B, DATE

24c. NAME OF CEMETERY OR

LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BULLAL DATE RECEIVED BY

FUNERAL DIRECTOR

VS 150

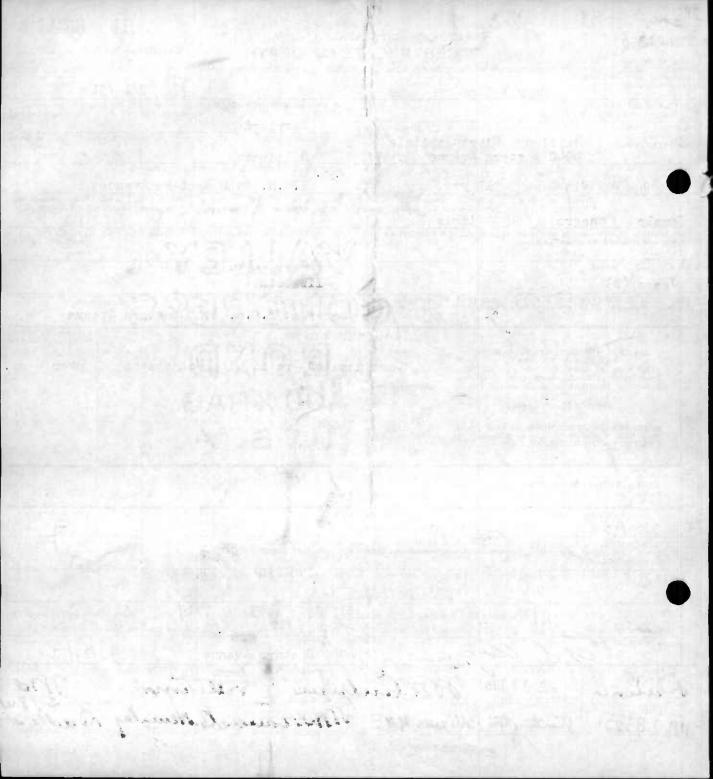
Elizabeth . There was were reported to the The state of the s The second secon Moine Teller July Latino Lecoburg , VA, 

51 6303

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Walton DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. B2C.H. 4940 Eastern Avenue ngth of stay in Baltimore 13 yrs. Days 6. COLOR OR RACE 9. AGE (In years | Munder | Year | H Under 24 Hours | Min. 76 | 1 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) female single negro 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth ? James (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records: B?C.H. 4940 Eastern Avenua INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Carcinoma of Breast with Metastases over 6 mo. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Pneumonitis TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL 8/24/50 Radiacalmastectomy YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 2 IA. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE 1951, that I last saw the 1943. to 22. I hereby certify that I attended the deceased from 5 PM m., from the causes and on the date stated above. 1951 and that death occurred at\_ deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 240 CATION (City, town, or county) BURIAL, CREMA-CEMETERY OR CREMATORY 24c. NAME of REMOVAL (Specify) DATE RECEIVED BY

THE RESERVE OF THE PERSON OF T

LOCAL REGISTRAR



0 4	9 77	

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Thelma A. Norris	OF July 16,1951
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION 1817 W. North Ave.	Baltimore (if obside corporate mints, write RORAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months; Days Hours Min.
Female v Colored Married	Feb. 19,1899 52
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vork done during most of working life, sven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, sven if retired) Housewife	North Carolina U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Parker	D-11- W-3-3-
	Della Webb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wat or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mr. Lester Norris, Sr. 1817 W. North
18. / 6 3 X , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	<b>*</b>
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Juliumany Olderna July 16 1951
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1 tt. 0
DISEASES OR CONDITIONS, IF ANY, GIVING	ypo static Premonia
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c) Omits many	d But Confinement & Depressin Psychosis May 1951
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONGITION CAUSING IT.	may aprinting 1 yr any JH-H.
. 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
	YES NO
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	.etc.) INJURY OCCUR?
1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F, HOW DID INJURY OCCUR?
INJURY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	10 , 1951, to July 16 , 1951, that I last saw the
A - A	rred at 10:45% from the causes and on the date stated above.
	23B. ADDRESS   23C. DATE SIGNED
Talsh J. Yama M. D.	1429 E Monument S 7/17/51
24A. BURIAL, CREMA- 24B. DATE   24C NAME OF CEMETI	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) 7-19-51 National Ce	Baltimore, Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	LUS FINERAL DIFFCTOR
LOCAL REGISTRATE	Mitraires W. Heusley Biddle St
III 101201, entropy White Warrent Auton	Mitraures W. Memskey Biddle
VS 150	70

THE RESERVE OF THE PARTY OF THE

320 51 6305

# BALTIMORE CITY HEALTH DEPARTMENT

51 6305 Registered No.

В	IRTH NO.				
	NAME OF DECEASED Type or Print)  Never	Kato		2. DATE OF DEATH July	7,1951
A	Baltimore City, Maryland	Battimore, Md.	4. USUAL RESIDENCE (W		titution : residence before admission)
H	OSPITAL OR	tal or institution, give street address or location)  Hosp. of Mary I and		outside corporate limits,	write RURAL and give township)
	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	415
5	M. 6. COLOR OR RACE		8. DATE OF BIRTH Feb. 17, 1907		der I Year II Under 24 Hours Min.
TO WOL	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	Coat Padriness or	VIRGINIA	reign country)   12	WHAT COUNTRY?
	Thelep		Taurie	AME	
(Ye	S. WAS DECEASED EVER IN U. S. ARMEI a, no or nnknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Lilea Katz	_ ADD	PESS
RTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which  ANTECEDENT CAUS  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY  ITH of dying, e.g., ans the disease, caused death.)  SES  (B)  ORO  STATING THE  DUE TO	of DEATH NOCARDIAL	Infarction	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
-		19B. MAJOR FINDINGS OF OPER	ATION		YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give	e exact location)
M	ZID. TIME (Month) (Day) (Year) FINJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I att deceased alove on Vig Vi 23A. SIGNATURE	· Carbal	red at 8:55 m., from to		
2 TI	AA BURIAL, CRAMA- 248, DATE ON REMOVAL (Specify) JULIAN 7-18-	24c. NAME OF CEMETER	RY OR CREMATORY 240 LO	OCASION (City, town, or	eounty) (State)
L L	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR	s signature	all with	R/R/00 6	entan le
	VS 150		23 4.4		94a

	La lista Risk	
	34	

deceased alive on\_

22. I hereby certify that I attended the deceased from.

16. 19. and that death occurred at\_

\_m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

NAME OF CEMETERY OR CREMATORY

ON (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNA

25 FUNERAL DIRECTOR

ADDRESS

VS 150

23B. ADDRES

wears of marine I will be with the form The annied ment and blother Ward Royan allyceing and the same of the same of Bernard Heller and The state of the s later services being Cartle 180 , when them I want The state of the s The to the first the sail JE 31 :00 The Holy Red A M. Byerry - 3033 Willauth an

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6307

Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL SESIDENCE (Where deceased lived. If institution: residence Han of COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8 DATE OF If Under 1 Year last birthday) Months Days Hours: Min. 8 dague o 10A. USUAL OCCUPATION (Give kind of LOB, KIND OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Housewer MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
You no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yer, ho or unknown) SECURITY NO. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш ũ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from. 190 f, that I last saw the deceased alive on les 16 190/ and that death occurred at. m., from the causes and on the date stated above. 23 M. STONATURE 23B. ADDRESS DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (City, town or county DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR VS 150 25日间的1990年中的1990年中

To value to the terms of the To make you will be The Transfer Marky Market She forke to may in the 1210 to the The 11 half s. 5. 50 1 4 1 1 1 1 1 1 1 1 1 1 1 b in hypropy hop

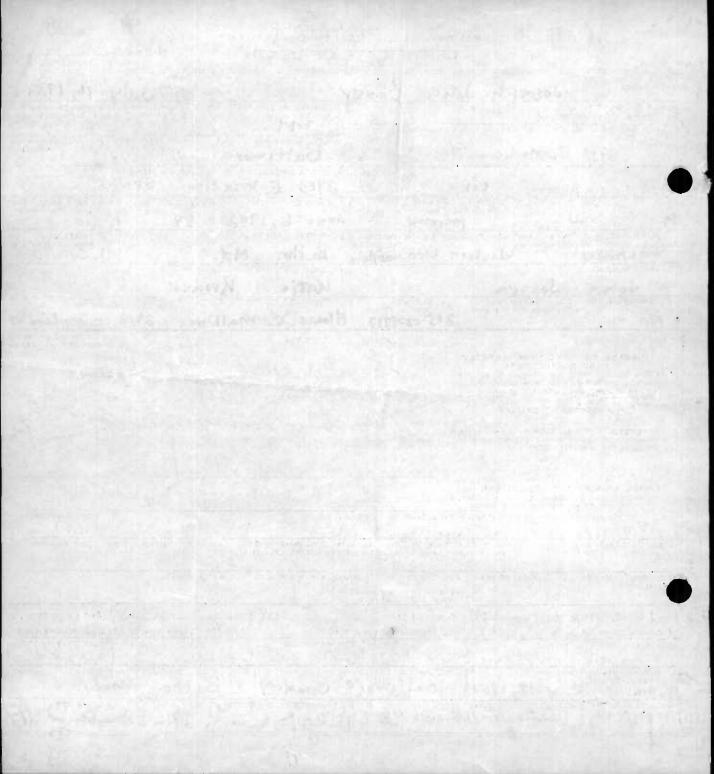
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, write RURAL and give township Mos. Madison ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? machinist Elec. maintain Wastern U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO No C. mallonee 2913 5-03-9717 F Madison S INTERVAL BETWEEN 54X CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the deceased alive on. 19) and that death occurred at I. M. from the causes and on the date stated above. 23A GIGNATURE 23B. ADDRESS A3C. DATE SIGNED

24A. BURIAL, CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY

TION, REMOVAL (Specify) BUVIOL

DATE RECEIVED BY ADDRESS

VS 150 544314



Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ANNA FITZGERALD MARTE July 17, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Bon Secours Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 709 Scott Street ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Female White 5. Married 7920 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles J. Streb Ellen Minnick 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or nnknown) (If yes, give war or dates of service) SECURITY NO James Milton Fitzgerald-709 Scott 18. INTERVAL BEIWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Air embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANT ECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Bon Secours Hospital, 2025 W. Fayette St. UTING CAUSE OF DEATH Hospital 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY 7/17/5 Air embolism during a cesarean section A am. WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\boxtimes$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A., SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. July 17. MIJOL MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Loudon Park Com.

25-FUNERAL DIRECTOR

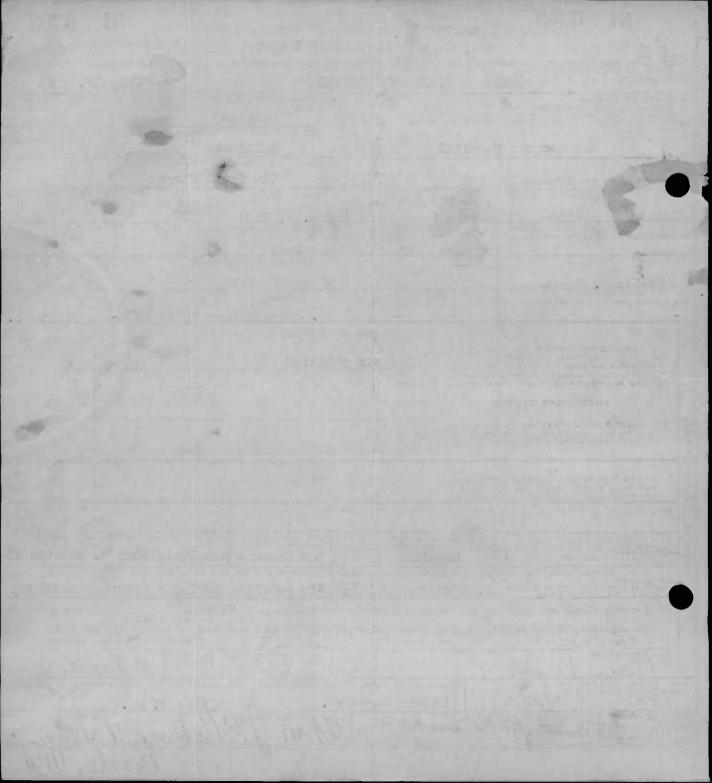
VS 151

Burial

DATE RECEIVED BY

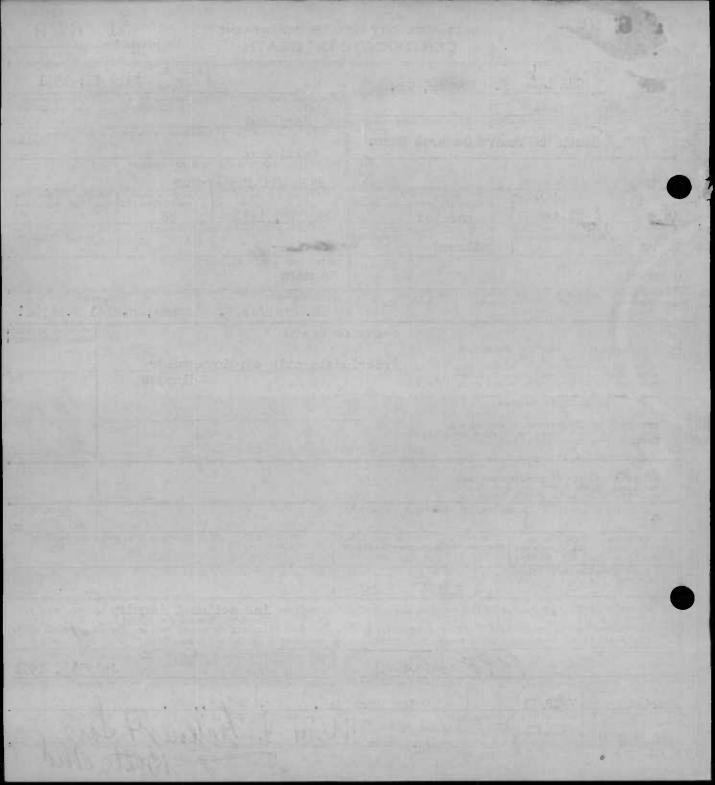
7/20/51

REGISTRAN'S SIGNATURE with alon 11/



S1 6310

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) July 16, 1951 OF CHARLES F. FISCHER, SR. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hosp. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3533 Wilkins 8. DATE OF BIRTH ength of stay in Baltimore Avenue Days 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. Male White May 22. me rried 1883 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Clerk Railroad Austria --13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Charles F. Fischer, Jr. 2141 W. Balto. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, di sease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗟, accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. July 16. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE 7/19/53 Loudon Park Ruria] DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTO ADDRESS LOCAL REGISTRAR 151 · Winds - Tare

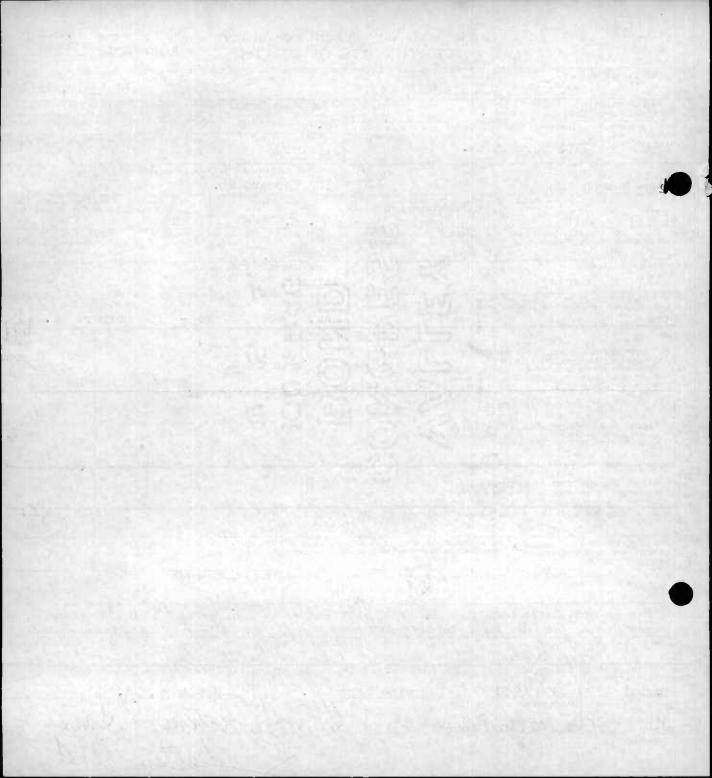


36051 6311

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6311

BI	RIH NO.								
	NAME OF D	ECEASED	AUGUST	A REUTHER		2. DATE OF DEATH	July 1	16, 195	51
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY  A. STATE								ion : residen before admi	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)					
	STITUTION	2103 Herbe	rt St.	ioca tion)	c. CITY OR TOWN (If Baltimore	outside corporate li	mits, write		nd give nship)
				Yrs.	D. STREET ADDRESS (If	rural, give location)		1	
	ngth of s	tay in Baltimore		Mos. Days	2103 Herbert St.				
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Ye	ear   If Under 2	24 Hours
	female	white		idowed	Aug. 4, 1866	84	Months: Di	ays nours	100 111.
10		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		1 12 CI	TIZEN OF	
worl	done during most	of working life, even if retired)	100.111.10	INDUSTRY		reigh country)		HAT COUN	NTRY?
_	House		at hon	ne	Germany				
13	. FATHER'S				14. MOTHER'S MAIDEN NA	AME			
	Louis	Doering			Unknown				
15	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL					
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRES		
	none			no	Mrs. Charles Bla	ke - 2103 H	lerbert	s St.	
	18.	20.00		CAUSE	OF DEATH			TERVAL BET	
	DISEAS	SE OR CONDITION	DIRECTIV	01 .			ON	SET AND D	DEATH
		LEADING TO DEAT	"H	Clarene	Margardelia	CI	1	Tomas	11
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. s	3-, (A)				THE TAX	140
		complication which c			rallied angua		124,159		
		ANTECEDENT CAUS	FC						
7				(B)					
ō	DISEASES	OR CONDITIONS, I	ANY, GIVIN	IG	***************************************	*******************************		***************************************	
E	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO					
FICATION			Telepron 1	(C)	***************************************			**********	
IL.									
RTI	OTHER S	II IGNIFICANT CONDI	TIONS CON	250					
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D					
U		ISEASE OR CONDITION							
L	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		2	O. AUTOPS	SY?
X			W. Production				Y	ES N	10
EDICAL	LYING OF	ENT WAS UNDER.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID (1 stc.) INJURY OCCUR?	f in Baltimore City	y, give exa	et location	)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	4.0001173			
	OF INJURY	(Month) (Day) (lear)			ED 21F. HOW DID INSURT	OCCURI			
	m. WHILE AT NOT WHILE AT WORK								
	22 I hanch	as a contifer that I als	and ad the	140	ne 26 195/ to	Lo. 16 10	1 that	I Inat an	47.
		y certify that I att						I last sar	
			, 19/_/.	and that death occur		he couses and on			
	23A. SIGNA	Harry Ush	man	м. р.	1921Whath	ane	236.	DATE SIG	NED
24	A. BURIAL, (	CREMA- 248. DATE		24c. NAME of CEMETE	RY OR CREMATORY 240. L	OCATION (City, tov	wn, or coun	ity) (S	state)
III		7/10/	67	Lorraine Par	de Com	oodlawn. Md	1		
D	Surial ATE RECEIVE	D BY   REGISTRAR	SSIGNATU			oodlawn, Md	ADDR	FEE	
Lo	CAL REGIST	RARCI	4 W/	0.0	25. FUNERAL DIRECTOR	16 0	JUNE		
_	JUL 1 8	ココン大二、大	DO JUL	and the	Wimay & Zu	weren.	NO	VR	
	VS 150					17	001	7 /	
		avg	anger parties	For each expense,	0925/	Latto	11/1/1	1.	
					1296	our,	111	01	



51 6312

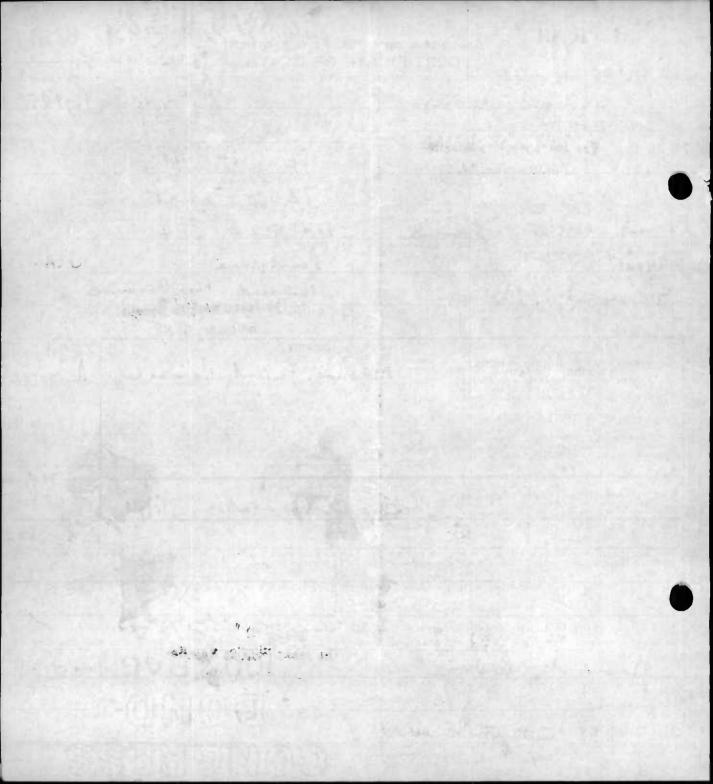
Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 7,1951 JAMES CATTANACH Rev. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY man B. FULL NAME OF (If not in hospital or institution, give street address or Hospitagation) (If outside corpogate limits write BURAL and give C. CITY OR TOWN township) D. STREET ADDRESS (la roral, give location). Yrs. Mos. length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | filluder 1 Year | Il Under 24 Hours last birthday) | Months; Days | Hours : Min. WIDOWED, DIVORCED (Specify) mar 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Presbyterian Clergyman W.S. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. no none INTERVAL BETWEEN 18. CAUSE OF DEATH 120.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY NOT WHILE! WHILE AT WORK AT WORK 14, 1951, to July 17, 1951, that I last saw the 22. I hereby certify that I attended the deceased from\_ ules , 1951, and that death occurred at 6 Am., from the dayses and on the date stated above. deceased alive on July 17 23A. SIONATURE 23B. ADDRESS 23c. DATE SIGNED The Union mumora 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 7/20/51 Loudon Park Com. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTO ADDRESS LOCAL REGISTRAR 一种情况是一些人不知,不知,在下 VS 150

네. 그 나는 이 그리게 되면 없었다. 이 모든데 있다면 되었다면 하는데 하는데 하면서 되었다면 하다 하는데 되었다.
[1] [2] (1) [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
[18] [18] [18] [18] [18] [18] [18] [18]

51 6313 BALTIMORE CITY HEALTH DEPARTMENT

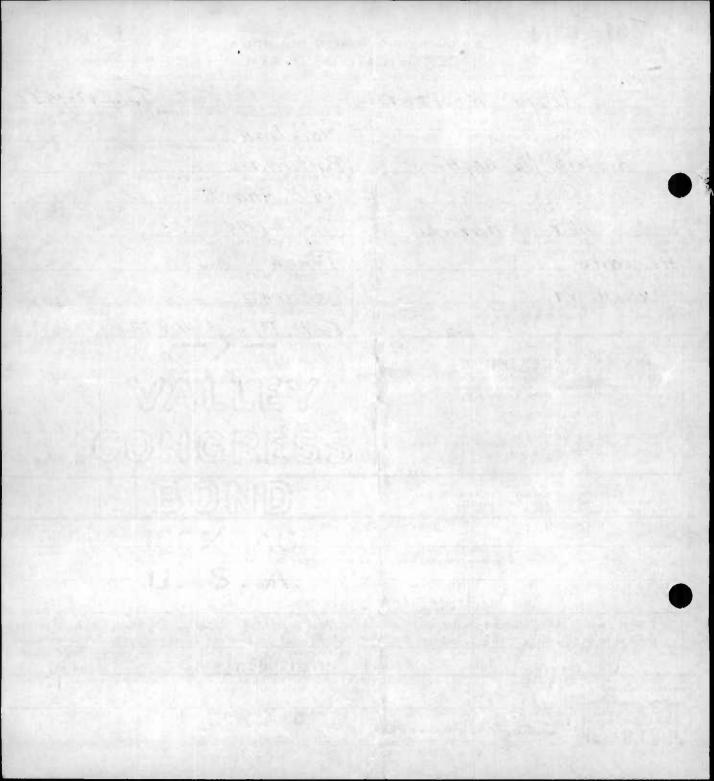
1		
*	51	6313

BIRTH NO. CERTIFICA	IE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH JANA 14/1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address hospital or institution). I location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baitimore 5, Md.	Hyuttsmille, township
Yrs. Mos Pay  Ength of stay in Baltimore	7224 5 10
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Special Color)	8. DATE OF BIRTH   9. AGE (In years)   Under 1 Year     Under 24 Hours
I emale Whote Simple	12-25-26 24
IOA. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	
13. FATHER'S NAME	I4. MOTHER'S MAIDEN NAME
Edmand J. Bienen	mildred his Cormals
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT TO THE POPULATION OF THE POPULATIO
	Baltimore 5, Md.
DISEASE OF CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	mive leutral Horman Lors her 22/87.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	phone Rech 194.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	, in or   21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE	3.
m.   WORK AT WORK	( ) ( ) ( ) ( ) ( )
22. I hereby certify that I attended the deceased from deceased alive on 7-16, 1954 and that death occ	urred at 925 m., from the causes and on the date stated above.
23A. SIGNATURE	238 1 POSE HOSPITAL 2BC. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE   241. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PON REMOVAL (Specify)	Two ! I was loanie
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JULT 8 1951 tutuston Nolliams, Hall	I tom crok fre
VS 150	832

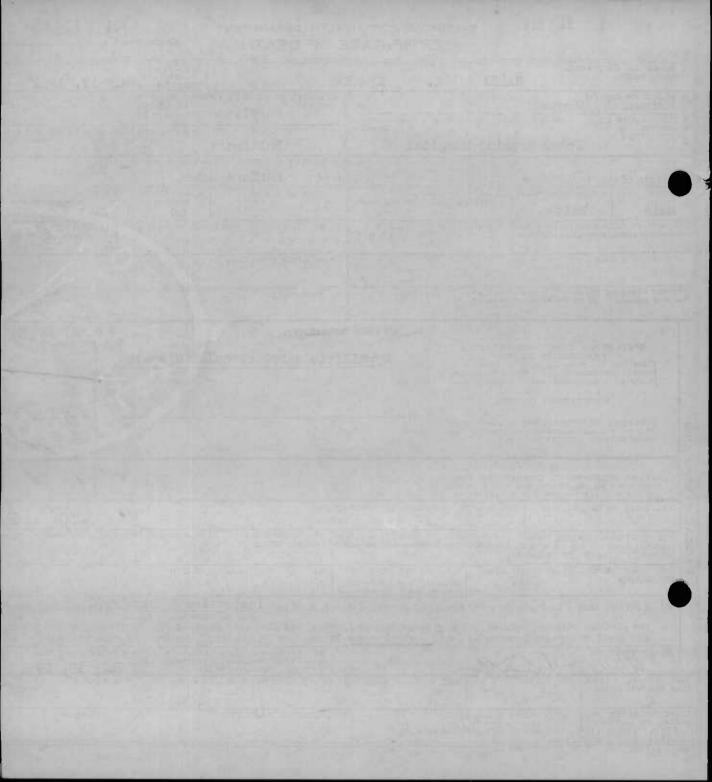


#### BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	registeret	110.
	NAME OF DI ype or Print)	Anna	K	rotzer		2. DATE OF JU	14 17-1951
	PLACE OF DE Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (V	here deceased lived, B. COUNTY	If institution : residence before admission)
В.	FULL NAME OSPITAL OR		al or institu	tion, give street address or location)	C. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give
6	D A	rdleigh Nu	15/119	Home	Baltimore	(0-1	township)
	moth of st	tav in Daltinoon		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5.	SEX SEX	tay in Baltimore		Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
1	emale	White	A.Z	VED, DIVORCED (Specify)	July 4-1898	last birthdey)	Months Days Hours Min.
10 work	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
12	Houser				Геппа		
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN N.	AME	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Un RITOWIT		
(Yes	, oo or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	1 41100 70	ADDRESS
T	18. 3 3			CAUSE	OF DEATH	1 7/69 /16	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						
	(This does	LEADING TO DEAT not mean the mode of rc, asthenia, etc. It mea	f dying, e.	B. (A) 6 (VIII)	nd numerounage, 12!	SA MOVE	3 WW-
	injury or	complication which c	aused dcatl	DUE TO			
-		and hop					
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	UNDERLY	ING CONDITION LA	ST.	(c) Munh	ed knowhering		and 3 Mar
RTIFICA		- 11					
		II IGNIFICANT CONDI TO THE DEATH, BUT					
CE	TO THE DI	SEASE OR CONDITION	CAUSING	Т.			
AL.	19A. DATE O	F OPERATION 0	9B. MAJOH	FINDINGS OF OPER	RATION		YES NO
EDICAL		ENT WAS UNDER-	218. PL shout home,	ACE OF INJURY (e. g., i farm, factory, street, office hldg.,	a or 21c. WHERE DID (Injury occur?	f in Boltimore City	, give exact location)
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
	FINJURY		m.	WHILE AT NOT WHILE			
	22. I herebi	u certifu that I att		deceased from 150	Um 1951 to 1	dum 19	1. that I last saw the
deceased glive on 12 days, 19 1, and that death occurred at 1. 1 m., from the causes and on the							
	23A. SIGNAT	1 1 1	)	2	3B. ADDRESS	And	23c. DATE SIGNED
24	A. BURIAL, C	HEMA- 248. DATE	MM	M. O.   24c. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, tov	vn, or county) (State)
*	BREMOVAL (S.	pecify)	151	morely	and 1	But Tim	ne
DA	TE RECEIVED	DAD	1. 14	URE */	25 FUNERAL DIRECTOR	1	ADDRESS
		951 rutu	afor !	Miame, Air	um Cor	y yuc	
	VS 150	2.30	- 12 <u>5</u> 55	AL MEDICAL STATES			83a

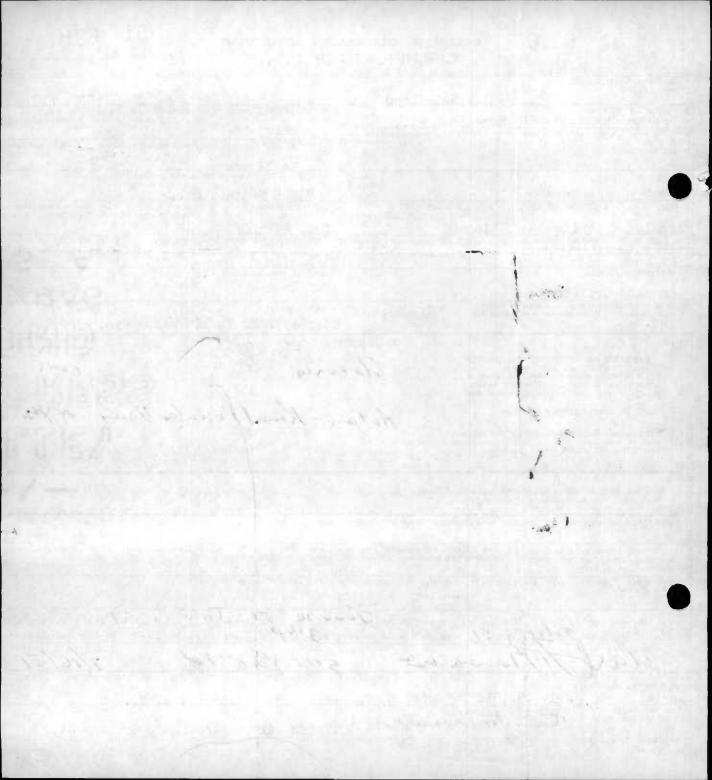


BIRTH NO.		CERTI	IFICATE	OF DEAT	H	Registere	d No	
1. NAME OF DECEASE (Type or Print)	HARRY	к.	ZIMME	RS		2. DATE OF DEATH J	uly 17,	1951
HOSPITAL OR	aryland f not in hospital or inst		location)	C. CITY OR TOWN	yland		. If institution befo	: residence ore admission)
ength of stay in 1		•	Yrs. Mos. Days	D. STREET ADDR				
EX 6.COL	OR DR RACE   7. SIN	GLE. MARRIER OWED, DIVOR	D.	8. DATE OF BIRT	Н	9. AGE (In years last birthday)		If Under 24 Hours Hours Min.
10A. USUAL OCCUPATI work done during most of working !	ON (Give kind of fe, oven if retired)	IND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (	State or fore	eign country)	12. CITIZ WHA	EN OF T COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAM	ME		
15. WAS DECEASED EVER (Yes, no or unknown) (If yes	N U. S. ARMED FORCES		AL JRITY NO.	17. INFORMANT			ADDRESS	
DISEASE OR LEAD! (This does not ment heart failure, asthetinjury or complication of the complete of the comple	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES					ar disease	ONSET	VAL BETWEEN
TO THE DISEASE OF 19A. DATE OF OPER	R CONDITION CAUSIN	G IT	S OF OPERA	TION			20, 4	AUTOPSY?
UNDERLYING OF	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHER					in Baltimore Cit;	YES	ND X
E 21D. TIME (Month) OF INJURY		21E. INJUR	NOT WHILE	21F. HOW DID	INJURY (	OCCUR?		
the evidence of and death in a	I took charge of t btained by said A ny opinion resulte	utopsy. Insp	cction or In ural causes	quiry, find that , accident , accident , assistant MI ASSISTANT MI	Autopsy, Installation Said deconstruction Suicide Suicide EDICAL EXEDICAL EX	spection or Inquicased dicd on , homicide	the day st , undetermi 23c. DATE S	atcd above, ned □.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE 7	24C. NAME		Y DR CREMATORY			July 17	(State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNA	TURE VILLAMA,		WM C	ECTOR	) Inc	ADDRESS	S
V S 151	· · · · · · · · · · · · · · · · · · ·	To programme to the second					30E	1



### 51 6316 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATE	OF DEATH	300000000000000000000000000000000000000
1. NAME OF DECEASED (Type or Print)		· 2. DATE	
	Julia Kate Dodd,	OF DEATH	
A. Baltimore City, Maryland 16	Homestead St.	4. USUAL RESIDENCE (Where decease A. STATE B. CO	ed lived. If institution : residence DUNTY before admission)
B. FULL NAME OF (If not in hospits HOSPITAL OR	al or institution, give street address or	Maryland	
INSTITUTION	location)	C. CITY OR TOWN (If outside corp	orate limits, write RURAL and give township)
00		Baltimore	-03
	Yrs. Mos.	D. STREET ADDRESS (If rural, give lo	ocation)
ength of stay in Baltimore  5. SEX 6. COLOR OR RACE	Days	716 Homestead St.,	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (1 last bir	n years If Under 1 Year II Under 24 Hours thday) Months Days Hours Min.
Female   White	Widowed	Dec. 6, 1865   85	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLÁCE (State or foreign countr	12. CITIZEN OF WHAT COUNTRY
At home		Virginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Leonard Griffin			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Stanley Schools 113 Ra	spe Ave.
18. 442X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION I	DIRECTLY		
(This does not mean the mode of	f dying, e.g., (A)	eurcg	7001
heart failure, asthenia, etc. It mean injury or complication which co	aused death.) DUE TO		
ANTECEDENT CAUS	ES /	in - Ronal Vascular	Den ACVE
z	(D)	ng - Menos/ 1 ascalor	10264 174
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO		
UNDERLYING CONDITION LA	ST. (C)		
OTHER SIGNIFICANT CONDI	TIONS CON-		
TRIBUTING TO THE DEATH, BUT I	NOT RELATED		
	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
Z			YES NO
21A. ACCIDENT WAS UNDER.	21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., e		ore City, give exact location)
W CAUSE OF DEATH	anout nome, tat m, tactory, erreet, omce mag., e	a.) INJURY OCCURY	
21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
FINJURY	m. WHILE AT NOT WHILE		
22 I hamsha agatifu that I st	-1.	ine 20 19 1 to July 1	6, 1951, that I last saw the
deceased alive on Tely 15	1951, and that death occur	, 10, 10	
23A. SIGNATURE		3B. ADDRESS	and on the date stated above.    23c. DATE SIGNED
Mark Mil	enous me M.D.	Ell Vork rel	2/16/51
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (	City, town, or county) (State)
Burial July 18,	1951 Moreland Mem		26.3
DATE RECEIVED BY   REGISTRAR'S		orial Park   Parkville	ADDRESS
LOCAL REGISTRAR	Trans. I Villa San Land Add and San Land	Ullrich Huneral Rome 200	
JUL 1 8 1951	The second secon	OTTLIGHT TOTAL WOMENSON	of orleans bu.,
VS 150			131a
			10100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 16, NOEL July NOAH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) larvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Davs 1336 Argyle Avenue 8. DATE OF BIRTH 8/9/1905 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of the the even if retired) INDUSTRY Va. WHAT COUNTRY? U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Marthe Benton INTERVAL BETWEEN CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Coronary occlusion injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 14 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \otin \), accident \( \supremath{\pi} \), suicide \( \supremath{\pi} \), homicide \( \supremath{\pi} \), undetermined \( \supremath{\pi} \). 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 16. MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

7/19/57

REGISTBAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

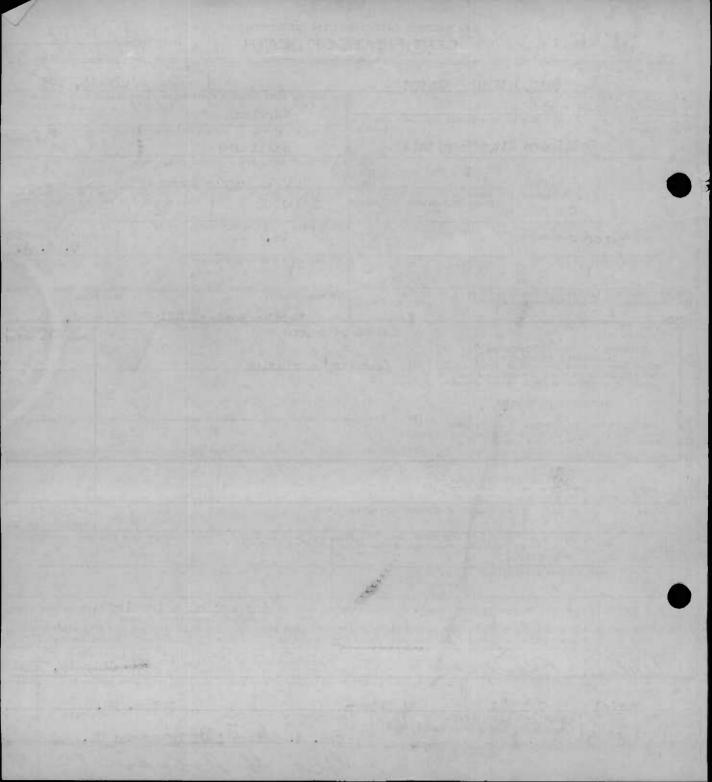
V S 151

97099Geo. H. Kelson

25. FUNERAL DIRECTOR

94a

ADDRESS



4	52
	6318

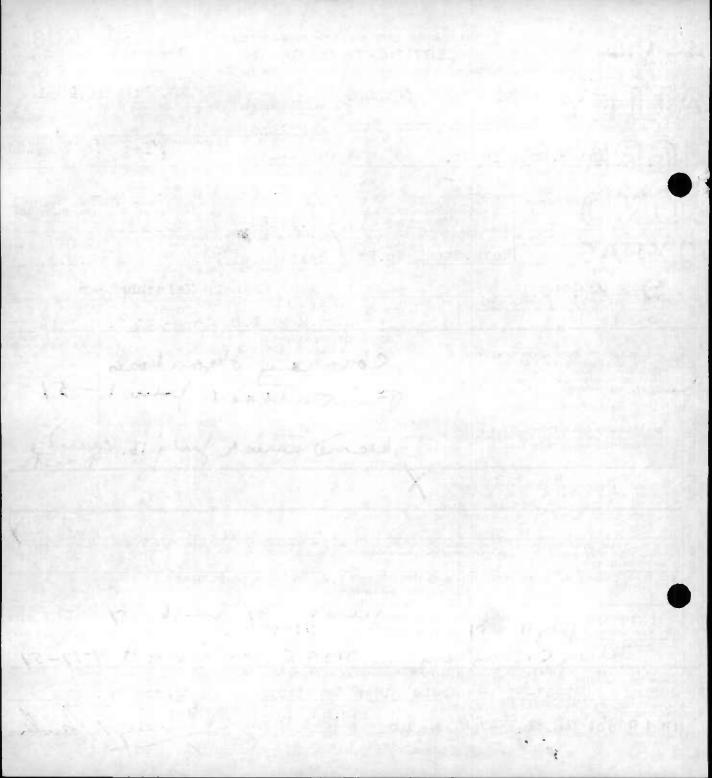
LOCAL REGISTRAR

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

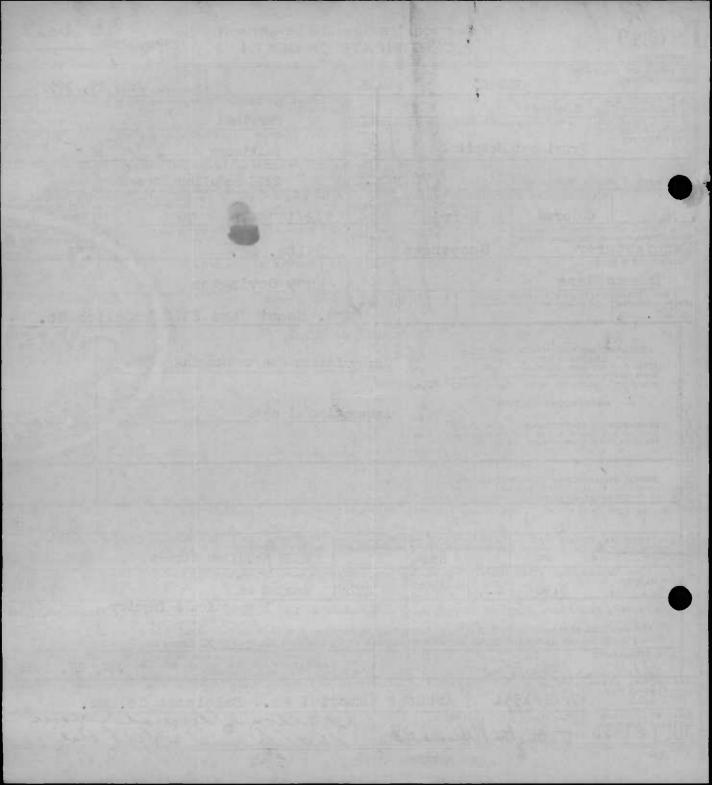
6318

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 16,1951 JOSEPH HENRY DOULONG 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 121 S. Bouldin St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 121 S. Bouldin St. ngth of stay in Baltimore Life Davs 9. AGE (In years | H Under | Year | H Under 24 Hours | Index birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Aug. 1, 1885 Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Beth. Steel Sp. Pt Clerk Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Doulong Mary Francis Maisenhalder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknowo) SECURITY NO. No Mrs.Mary E. Doulong-121 S. Bouldin 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 19.5 1 to\_ , 195, that I last saw the 1 19 51, and that death occurred at 11:00 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Druid Ridge Cemetery 7-21-51 Baltimore Md A. SANDER & SOI Baltimore, DATE RECEIVED BY

VS 150



11-	IDELL NO			CERTIFICATI	E OF DEATH	Register	ed No.
	IRTH NO.						
(7	NAME OF D		OWARD	WARE		2. DATE OF DEATH JI	ıly 17, 1951
	. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	CE (Where deceased live B. COUNT)	d. If institution : residence before admission
8.	FULL NAME		al or institut	tion, give street address or	Maryla		Delote admission
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corp, ate	imits, write RUDAL and giv
5		Provident	Hospit	al	Baltin	nore	township
				Yrs.		(If rural, give location	
	ength of s	tay in Baltimore		76 yrs Mos.		McCulloh Stree	et
	EX	6.COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year; last birthday)	Months: Days   Hours   Min.
1	Male	Colored		rried	3/2/1875	76	
WOL	k done during most o	CUPATION (Give kind of f working life, even if retired)	_	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	4	12. CITIZEN OF WHAT COUNTRY
	anufacti		Coo	perage	Balto. Md		USA
'`				7	14. MOTHER'S MAID		
1:		B Ware	Robotto		Mary Covi	ngton	
(Ye	o, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.			N	Irs. Naomi W	are 2328 Mc	Culloh St.
	18. Kg	174 X 1		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	E OR CONDITION				1	
	(This does	not mean the mode of re, asthenia, etc. It mea	f dying, e.		xiation due to	nanging	**************
	injury or	complication which c	aused death	i.) XDOXXX			
		ANTECEDENT CAUS	ES				
z	DISFASES	OR CONDITIONS, II	ANY CIVII		ation of neck		
5	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE OUE TO			
Y				(C)	***************************************		
ERTIFICATION		11					
RT	TRIBUTING	IGNIFICANT CONDI	NOT RELATI	EO			
CE		SEASE OR CONDITION F OPERATION   15		FINDINGS OF OPER	ATION		20 AUTODGVA
L	ISA. DATE O	OPERATION 1.	B. MAJOR	THE HOS OF OPER	ATTON		YES NO X
EDICAL	21A. EXTERN	AL CAUSE WAS	218. PLA	CE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore Cit	ty, give exact location)
ā	UNDERLYING UTING	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH.	about home,	arm, fac for y, street, office bldg., e	2328 McCu	lloh Street	
ME	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE			
7	OF INJURY 7/17/5.	1 8:30		WHILE AT NOT WHILE			
							iry thereon and from
					Auto	opsy. Inspection or Inqu	irv
	and dec	tence obtained by the in my opinion.	said Auto resulted t	psy, Inspection or In rom: natural causes	nquiry, find that sa	id deccased died on cide <b>X</b> homicide [	the day stated above ], undetermined $\square$ .
	23A. SIGNAT		. 1		238. CHIEF MEDIC	CAL EXAMINER	23c. DATE SIGNED
	Wiel	in Hours	#_	М.	D. MEDICAL INVEST	CAL EXAMINER	July 17, 1951
TIC	24a. BURIAL, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24o. LOCATION (City, town, or county) (State)						
1	Burial	7/21/19	51	Arbutus Mem	orial Pk.	Baltimore C	o. Md.
D/	DATE RECEIVED BY REGISTRAR'S SIGNATURE						
Ĵ	JUL 181951 rtutigter Williams Me 1631 Druid Siel ans.						
V	S 151	6	100				164a V
	N-	991X	The factor				1649



457

#### CERTIFICATE OF DEATH

egistered No. 6320

L	りるとし	CERTIFICATE	OF DEATH	Registered No.	COCAO
	NAME OF DECEASED		- 10	2 DATE /	
Γ)	Sype or Print)	a lethe l	Halmes	2. DATE OF DEATH July	6 10-1
	PLACE OF DEATH:			here decessed lived inst	
	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution)	tution, give street address or	A. STATEZUASENSO	BOUNTY	before admission)
H	OSPITAL OR	14!	c. CITY OR TOWN (If o	utside corporate lim ts w	rite RORAL and give
1 /	1140 R. Carr	al then are	Belle	ince 1/2	township)
	1,7,0 10,0000	Yrs.	D. STREET ADDRESS (If )	ural, give location)	
	ength of stay in Baltimore	Mos. Days	-1140 K. (a	shallton	ane.
5.	SEX   6.COLOR OR RACE   7. SING	MARRIED LE	B. DATE OF BIRTH	9. AGE (In years   H Unde	1 Year   II Under 24 Hours
17	enale Colored m	WED, DIVORCED Specify)	Bien. NR 189	last birthday) Month	Days Hours Min.
10	A. USUAL OCCUPATION (Givekinder 108, KI		11. BIRTHPLACE (State or for	eign country)   12	CITIZEN OF
AGE	depolying most of working life, even if retired)	MOUSTRY	Whenke (2)	115	WHAT COUNTRY?
13	. FATHER'S NAME	2	LA MOTHER'S MAIDEN NA	ME O	rem.
	es es es este		Martha	Cont.	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	7 gracina	CVAIC	
(Ye	s, ne of unknown) (If yes, give war or dates of service)	SECURITY NO.	The MANI	1. O ADDI	RESS 11460
-	700		enger IV. Cor	fines 11. C	INTERVAL BETWEEN
	18. 053.4	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLE LEADING TO DEATH	4 0.			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e. g., (A)	frem +	••••••	
	injury or complication which caused de		Cott. 7		(over)
	ANTECEDENT CAUSES		on len	mg	
Z	DISEASES OR CONDITIONS, IF ANY, GI	(B)	131		
TION	RISE TO THE ABOVE CAUSE (A) STATING				
CA	UNDERLYING CONDITION LAST,				
RTIFIC	П	(C)			
	OTHER SIGNIFICANT CONDITIONS	ON-			
CE	TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING				
		OR FINDINGS OF OPERA	TION		20. AUTOPSY?
CAL	0				YES NO
EDIC		LACE OF INJURY (e. g., in o		in Baltimore City, give	exact location)
ME					
-	OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
K	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended to	ne deceased from 6/1	1957, to	1/6 1951/+	hat I last saw the
		, and that death occurre		e causes and on the c	
	23A. SIGNATURE		B. ADDRESS		3c. DATE SIGNED
	19 un Ktul	1 1 - M.D. 2	131 Wand Hel)	14 11	7/17-51
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETER	Y OR CREMATORY 1 240. LO	CATION (City, town, or	county) (State)
X	3urial 7-19-1951	arhutis	hen M. B	altenune	Cv. ml.
D	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	5. FUNERAL DIRECTOR	Junes D	DRESTA
1	OCAL REGISTRAR	Windows Math	1612/2014	- 01210	10.
-		The residence of the second	10 5/ Al Mill	y was	
	VS 150	STATE OF THE PARTY			ack

This oman had 3 or 4 open varicose u cers. Stading for year Also had infected toe from ingrowing nail -- I am told -aside from this I find no cause for engrene -- septicemia came from previous exfoliation of Toot - which had little or no treatment "

Dr. B. M. Rhetta

"See Document F le 51-6320 7/27/51 ES

6321

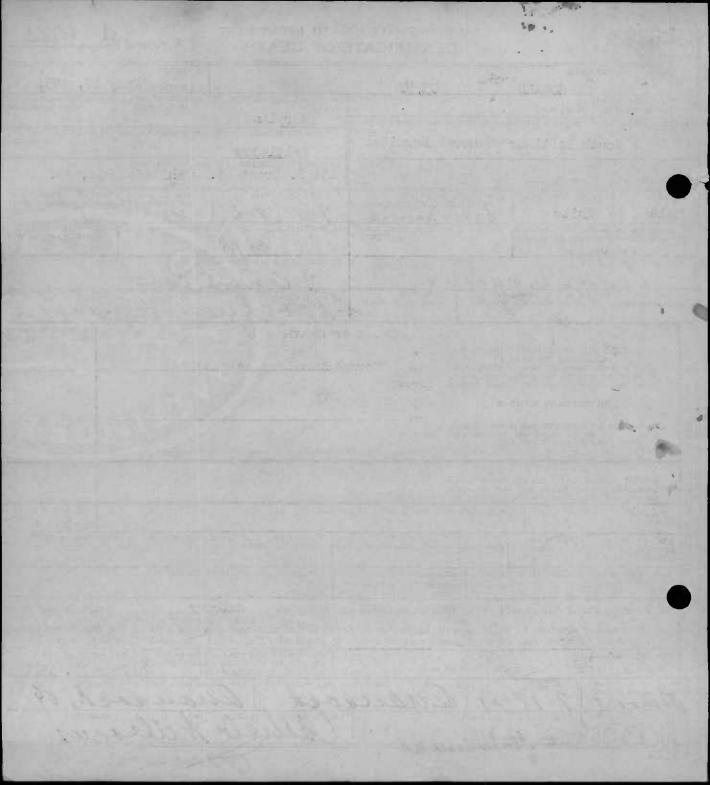
## BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICATI	E OF DEATH	negistereu	110,
	NAME OF D	Denny	19	Waler.		2. DATE OF DEATH	ly 17.1951
	PLACE OF D Baltimore (	City, Maryland	Ball	i. City	4. USUAL RESIDENCE (		f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	ital or institution	on, give street : dress or location)	c. CITY OR TOWN	f outside corporate limi	
	()	1034 (	enha	& Clare	Sa	Ma.	(oyliship)
6	ength of s	tay in Baltimore		86 Ways	D. STREET ADDRESS (IE	rural, give location)	Time
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Year Il Under 24 Hours Onths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	- Congression	- figure Com	14. MOTHER'S MAIDEN N	IAME	u.o./.
1 =	WAS DECEASE	/ from	D FORCES I	16.606(A)	Mot	/ France	
(Ye	s, no or unknown)	of ER IN U. S. ARME	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	I Kulan	ADDRESS O
	18. 420	, and	1914	CAUSE	OF DEATH		ONSET AND DEATH
	1	SE OR CONDITION		M	TI	1	III
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					40515	4 days
	injury or complication which caused death.) DUE TO						2
Z	ANTECEDENT CAUSES (B) WARRILLE WILL WILL OF USER OF THE STREET OF THE ST						<u> </u>
TIO	RISE TO T	S OR CONDITIONS,	) STATING TH	E DUE TO	0		
FICA	ONDERL	YING CONDITION I	LASI.	Car		mln	1hl.
		II		(C)	anoma of si	He b.	Hu
CERTI	TRIBUTING	SIGNIFICANT CONE S TO THE DEATH, BUT DISEASE OR CONDITION	T NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
CAI	21. 400101	NT CHICIDS	1 01- 014	CE OF IN IUDY /	- Late WHERE DID. /	If in Boltimone City	YES NO
TEDICAL	HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., it irm,factory,street,office bldg.,e		(If in Baltimore City,	give exact location)
Σ	21D. TIME	(Month) (Day) (Year	r) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
L			m. W	WORK NOT WHILE		1	
		y certify that I a	WI		13/5/, 19_, to_		_, that I last saw the
	deceased at		3/19, a	and that death occur	3B. ADDRESS	la At	the date stated above.
		ARSEPH	YORG	Trny M.D.	Work Vna	disony	7/16/51
TIC	AA. BURIAL,	Specific 7 2/	15/5/2	4c. NAME OF CEMERE	RY OR CREMATORY 24b. L	OCATION (City, town	Salta Will
D	ATE RECEIVE	D BY PEGISTRA	S'S SIGNATU	RE ()	25. FUNERAL DIRECTOR	,011.	ADDRESS
_		tuitue	Am / YHL	dulina proper	attener a	Lackley 1	127 Cagea
	VS 150	s vy	ways the first	100 May 100 100 100 100 100 100 100 100 100 10			53 / Th

Cornery Threnberry grand yet the weeker me Careers of south The section of the first the second of the s

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6322

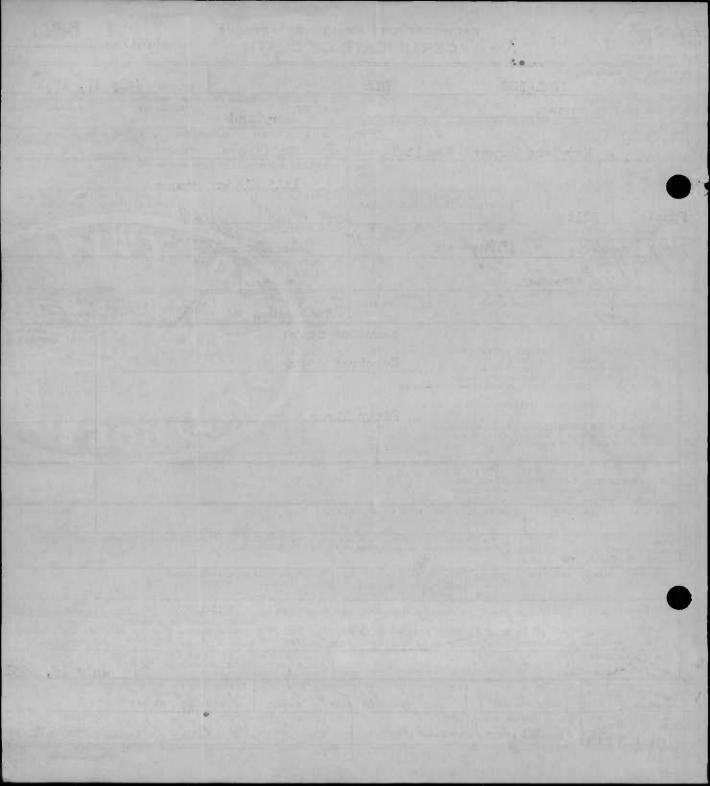
BI	IRTH NO.	- OI DEATH				
	NAME OF DECEASED 'ype or Print)	2. DATE OF 1-1-17 1051				
	HOWARD MURPHY	DEATH JULY 17, 1901				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission				
	FULL NAME OF (If not in hospital or institution, give street address or	1 20 7 - 3				
H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
	South Baltimore General Hospital	Baltimore				
	Yrs.	D STREET ADDRESS (If rural give location)				
	ength of stay in Baltimore Mos. Days	151 S. Brant St Philadelphia, Pa.				
	EX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hour				
1	Male White Whow Marking	7-9-1966 last birthday) Months Days Hours Min				
	DA. USUAL OCCUPATION (Give kind of ) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
	k done during most of working life, even if retired) INDUSTRY					
1.3	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
13		Q				
-	EDWARD T, MURPHY	Vilene 6 VaNs				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	ADDRESS // 1				
		Welty Leeves Hunsoch Va				
	18. 420.1 CAUSE	OF DEATH				
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT				
	LEADING TO DEATH	nary artery sclerosis				
	heart failure, asthenia, etc. It means the disease,	Little by Marie Control Contro				
	injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
9	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
RTIFICATION	(c)					
F						
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
ш	TO THE DISEASE OR CONDITION CAUSING IT.					
U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER					
AL		YES X NO				
DICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg.,					
	UTING CAUSE OF DEATH.					
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE					
	22. I certify that I took charge of the remains described of	bove, held an autopsy thereon and from				
		Autopsy, Inspection or Inquiry				
	the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the day stated abov $\mathbf{x} \otimes \mathbf{x}$ , accident $\mathbf{x}$ , suicide $\mathbf{x}$ , homicide $\mathbf{x}$ , undetermined $\mathbf{x}$ .				
	23A. SGNAFURE	23B. CHIEF MEDICAL EXAMINER   23c. DATE SIGNED				
	1 19 - a N. Wensen of	ASSISTANT MEDICAL EXAMINER				
2.	4A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE					
TIC	ON REMOVAL (Specify)	and Ollaw Sask 1/9				
B	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 TUNERAL PRECTOR ADDRESS				
LC	CAL REGISTRAR SIGNATURE	Willially Wille				
	JUL 1819511 # # NIII	Change I way is				
V	S 151	angue out The				
	673	55 0				



## 12-6323

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered N	0	
I. NAME OF D	DECEASED	L			12. DATE		
(Type or Print) ADELAIDE DIX					OF July	7 17, 1951	
A. Baltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, If i B. COUNTY	institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				Maryland c. CITY OR TOWN (I	f outside corporate limits	s, write LURAL and give	
Maryland General Hospital			Baltimore	19	township)		
Yrs. Mos,			D. STREET ADDRESS (If rural, give location)				
ngth of	stay in Baltimore	7 SINGLE	Days Days	14.15 Linden Avenue    8. DATE OF BIRTH   9. AGE (In years)   H Under 1788   H Under 24 Hours			
Female	White		ED, DIVORCED (Specify)	nov. 22, 1881		nths Days Hours Min.	
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR			11. BIRTHPLACE (State or f		12. CITIZEN OF		
P.B.X. of	work done during most of working life, even if retired)    Fardware     Fardware     Fardware				ginia.	WHAT COUNTRY?	
13. FATHER'S	14			14. MOTHER'S MAIDEN NAME			
	ulwown			Unknown			
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.				Mrs Camelia W.	Krieger 151	3 Shoulfield Rd.	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Fatty liver  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						ONSET AND DEATH	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			ATION		20. AUTOFSY?		
UNDERLYIN	218. PLACE OF INJURY (e.g., in or INJURY OCCUR?  218. PLACE OF INJURY (e.g., in or INJURY OCCUR?  218. PLACE OF INJURY (e.g., in or INJURY OCCUR?  218. PLACE OF INJURY (e.g., in or INJURY OCCUR?)  218. PLACE OF INJURY (e.g., in or INJURY OCCUR?)					ves No live exact location)	
Z 21D. TIME OF INJURY	(Month) (Day) (Year)	V	VHILE AT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?		
the ev	idence obtained by path in my opinion TURE	said Auto	remains described a psy, Inspection or I rom: natural causes		EXAMINER [2] 230 EXAMINER [7]	thercon and from e day stated above, ndetermined  DEDITE SIGNED July 18, 1951	
24A. BURIAL. TION REMOVAL (S Burial	Specify, July 19,	1	Lac. NAME OF CEMETER LOUGINETER	Parl Com. 13	CATION (City, town,	6.0	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  1111 1 8 1951   Limite for Milliams, March J. O. Mitchell & Sour 1900 Entante						
V \$ 151		water the said	691	030	124	Baltimore My.	



ВІ	630	324		EALTH DEPARTMENT 51  Registered N	6324	
	NAME OF D		abeth Kemp Ward	2. DATE OF DEATH July	17. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 308 St. Dunstan's Road				4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission maryland none  C. CITY OR TOWN (If outside corporate limits, write URAL and give township		
	ngth of s	tay in Baltimore	60 Yrs. Mos. Days	Silly St Hameton In Dand		
f	ema le	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specification)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mor	Under I Year II Under 24 Hours this Days Hours Min.	
10 work	secreta	CUPATION (Give kind of of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTR physician	Y Washington D C	12. CITIZEN OF WHAT COUNTRY	
		NAME Wm. F. Ward ED EVER IN U. S. ARMED	D FORCES?   16, SOCIAL	14. MOTHER'S MAIDEN NAME Eleanora Ginn		
(Yo	e, no or unknown)	(If yes, give war or dates	of service) SECURITY NO.	Mrs. Wm. A. Megraw 308 St. D	unstan's Rd.	
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT a not mean the mode o tre, asthenia, etc. It mea complication which c  ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e.g., ns the disease, raused death.)  GES  (B)  (B)  (CA)  (A)  (CA)  (DE TO  (B)  (B)  (CA)	of DEATH  nary occlusion myocardis  Curfaredin I  novelustei heart deir	interval between onset and death onset and death on the control of	
CERTIF	TRIBUTING	II  GIGNIFICANT CONDITION  TO THE OEATH, BUT USEASE OR CONDITION	NOT RELATED	riby	3544	
DICAL	19A, DATE C	OF OPERATION 0 1	98. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?	
DIC		ENT WAS UNDER-	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		ive exact location)	

CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE WHILE AT

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

23B. ADDRESS

Auly 16, 1957, and that death occurred at 3A.m., from the causes and on the date stated above. deceased alive on\_ 23A, SIGNATURE

24B, DATE

1101 N. Calvert St.

24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 7 - 19 - 51burial

Loudon Park

WORK

Baltimore, Maryland ADDRESS

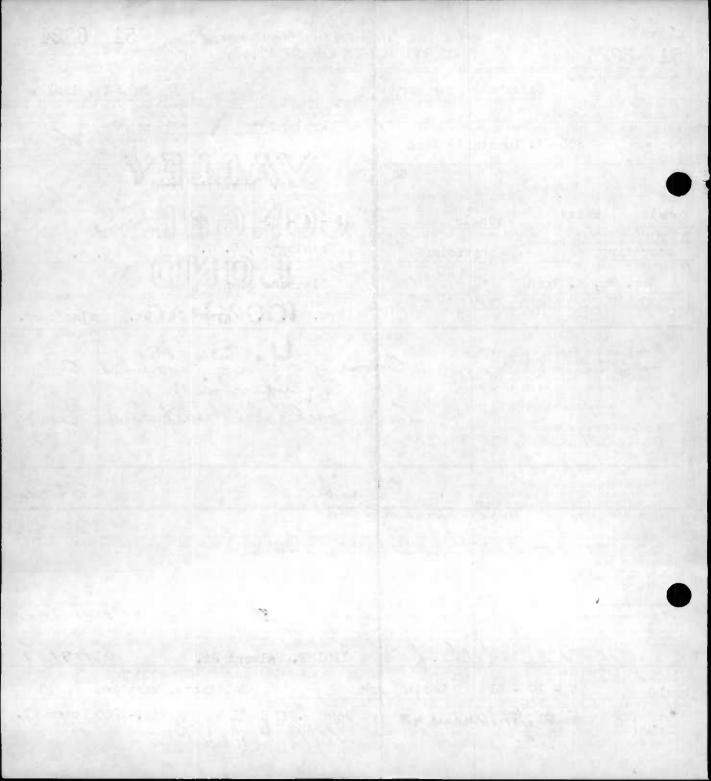
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc .- 1900 Eutaw Pl.

195 /that I last saw the

23c. DATE SIGNED



2	1	6	0
1	6	32	25

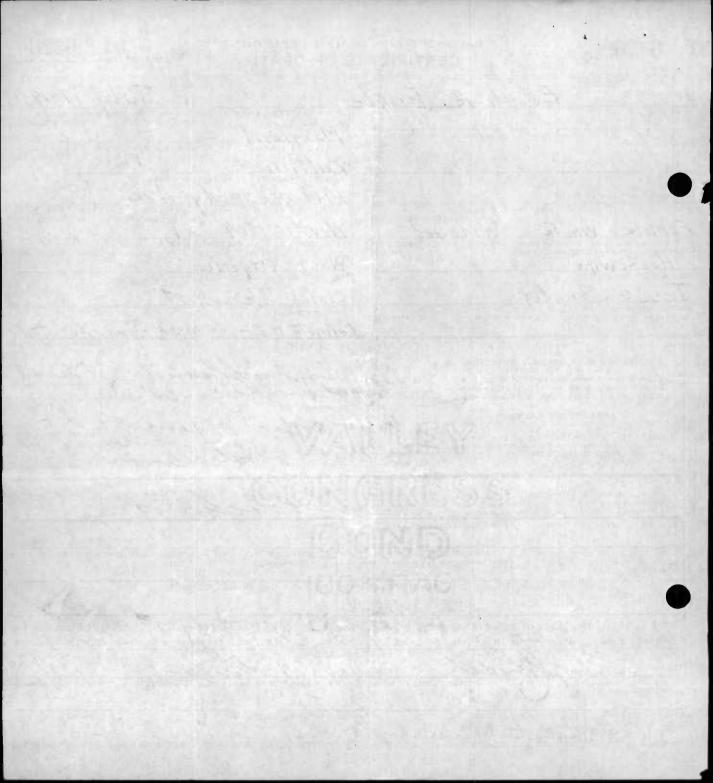
S1 6325
Registered No.

B	RTH NO.						
	NAME OF D					2. DATE	
Sr.M.Ludolpha Weisser				Weisser		DEATHJULV	17.1951
	3. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
B.	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	tion, give street address or location)			
IN	ISTITUTION				c. CITY OR TOWN (If outside corporate limits, write LURAL, and give		
		institute of	Notre D		Baltimore		
	ength of s	stay in Baltimore	3 weeks	Yrs. Mos. Days	901 Aisquith	rural, give location)	
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year   If Under 24 Hours
Female White WIDONIA (Specify)			Feb.6.1857	last birthday) M	onths Days Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	1 12. CITIZEN OF
WOLI		of working life, even if retired	Teach	INDUSTRY	D		WHAT COUNTRY?
13	Religiou		1 Cacil	C1	Pittsburgh Pa.		
10	. IAINER S	NAME			14. MOTHER'S MAIDEN NAME		
15	Gabriel	Weisser ED EVER IN U.S. ARME			Caroline Mahler		
(Ye	, no or unknown)	(If yes, give war or date	be of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
_					Sr. M. Stan. Kostka	901 Aisquit	h
	18.	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTIV		-	1	ONSET AND DEATH
		LEADING TO DEA	TH	17	Ten Mallerson	0,	
	(This doe	s not mean the mode are, asthenia, etc. It me	of dying, e.	g., (A)			
Α.,	injury or	complication which	caused death	a.) OUE TO	1.0. 1.0	look-	
				with	p veryour	1111	
7		ANTECEDENT CAU	SES		no sclinter	mach	51
0	DISEASE	S OR CONDITIONS,	IF ANY GIVE		***************************************	***************************************	~
Ě	RISE TO	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO	,		
CATION	UNDERL	YING CONDITION L	AST.		1-1		
F				1/11/1	le noneum	anea,	
		11		(C) &			
CERTI		GIGNIFICANT COND					
Ü		SEASE OR CONDITION					
ار	19A. DATE	OF OPERATION I	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL							YES NO
X		ENT, SUICIDE.	218. PLA	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	give exact location)
	HOMICIDE	(Specify)	about home, i	farm, factory, street, office hldg., e	tc.) INJURY OCCUR?		
Σ	210 TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	/ OCCUP?	
	PF INJURY	(Monon) (Day) (Year			_ ZIF. NOW DID INSORT	OCCORT	
			m.	WHILE AT NOT WHILE			
	22. I hereb	22. I hereby certify that I attended the deceased from June 24, , 1951, to July 17, , 1951, that I last saw th					1. that I last saw the
					red at 6.15Am., from th		
	23A. SIGNA		1		3B. ADDRES	-//	33c. DATE SIGNED
		runcis_	+nei	-lef M. D.	1106 11011	une J	1417,51
24	A. BURIAL,	CREMA- 248. DATE	//	NAME OF CEMETE	RY OR CREMATORY   240. LC	OCATION (City, town	, or county) (State)
110	on, REMOVAL (S Burial	July 19	1951	Villa Maria	Cemetery Notch	Cliff or To	wson, Md.
DA	ATE RECEIVE				25. FUNERAL DUALCHDR	The same of the sa	ADDRESS
	CAL REGIST			and the E		1. 001 a	
_	1111 187	45		3 3	MOHUA W. De	My JOI DO O	onkling St.
9	VS 150	100 100	中国态度分别	Section Section 19 and			020

Placement, in Motor William Council, L.

#### BALTIMORE CITY HEALTH DEPARTMENT

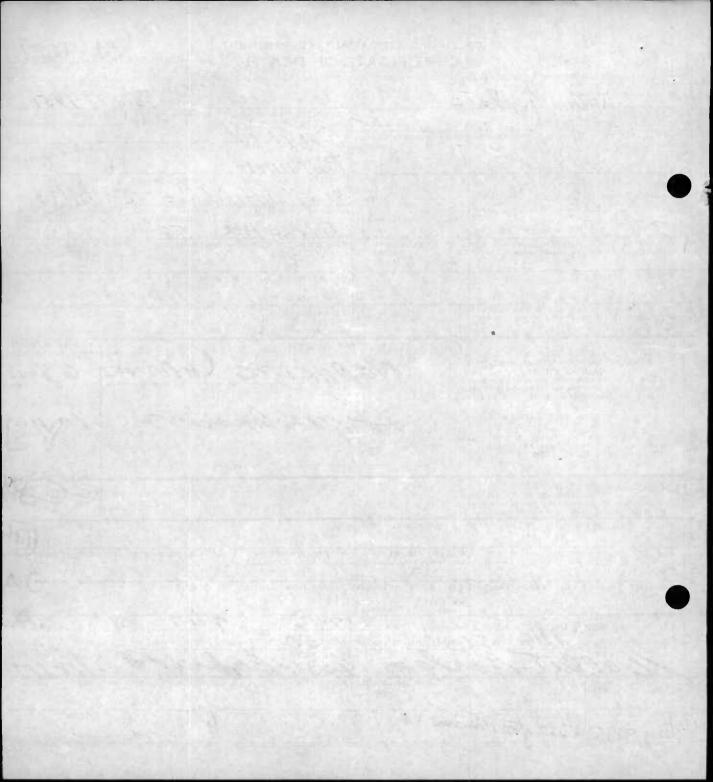
BIRTH	NO.	-		CERTIFICATI	- OF DEAT	н ,	registered IV	0	
	ME OF D	ECEASED E	1/4 /	1. Fnalo			TE Jul	4 17	-1951
A. Bal		City, Maryland /		ennely we	4. USUAL RESID	ENCE (Where dec			esidence admission
HOSPI	L NAME TAL OR TUTION	OF (II not in nospi	al or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside	corporate limite,	write RURA	AL and give
	1	919 m	ne al	Yrs.	D. STREET ADDR	ESS (If rura), gi	ve location)		
c. Len		tay in Baltimore	1 ** 511161 5	Mos. Days	1919 Ne	nnedy	Ave		
FCI	nale	White		E. MARRIED, ED, DIVORCED (Specify)	Nov. 10-1	1869 9. AG	E (In years #1 birthday) Mon		Under 24 Hours ours Min.
Work deae	during most o	CUPATION (Give kinder of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN WHAT C	OF
13. FA	THER'S N	WIT &	1		14. MOTHER'S MA	AIDEN NAME			
Je	55e	-Snader			Sarah 7	Peinehar	rit		
(Yes, ao c	S DECEASE or unknown)	O EVER IN U. S. ARME (If yes, give war er date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	_ /	AD	DRESS	2 -11 11
18.				CALISE	OF DEATH	-179/e 191	9 Kenned	JUANIERVAL	BETWEEN
	1	E OR CONDITION	DIRECTLY	CAUSE .	DEATH	00.		ONSET A	ND DEATH
	heart failu	LEADING TO DEA not mean the mode re, asthenia, etc. It mea	of dying, e. g	Was de	vary du	wife we	ice	) 6 da	40 !
		complication which		DUE TO	erosiv.	0	UN SEED	9	
NO.		OR CONDITIONS, I		(B) My	cardia	Morge	usnie	a t	
	RISE TO TI	HE ABOVE CAUSE (A)	STATING TH	E DUE TO Gene	val Len	hal a	Tino	7 9	~
<u> </u>				(C)	/				
[ii]	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	0 ////	ile Pri	, cho.	cis		
19/				FINDINGS OF OPER	ATION			20. AU	TOPSY
		ENT WAS UNDER CONTRIBUTING		CE OF INJURY (e. g., in			ltimore City, gi	ve exact loc	ation)
E CA	USE OF I	DEATH							
	INJURY	Month) (Day) (Year		VHILE AT NOT WHILE WORK	ED 21F, HOW DIE	INJURY OCCU	R?		
22	. I hereby	y certify that Lat		deceased from De	614, 195	o, to July	17,1957	that I las	t saw the
	ceased al		6, 19 57,	and that death occur		. //	es and on the		
231	A. SIGNA	armit	Lude	M. D. /	3B. ADDRESS	The we	2	7 /	7/57
24A. TION, R	BURIAL, CEMOVAL (S	Pecify) 248. LATE	2/5	Edge Hell - Ce		Charle		or coupity)	(State)
	RECEIVED REGISTI		SIGNATU		25. FUNERAL DIE		P 3	ADDRESS	
1	/s 150	2			100	1 10		90	2
			*					12,	/



3	20	
i (	6327	

	54	COOM
egistered	No	6327

BIRTH NO.	CERTIFICATI	E OF DEATH
I. NAME OF DECEASED (Type or Print) Tuth M. Mo.	tz	2. DATE OF DEATH JULY 17-1951
a. Baltimore City, Maryland / wih	in ou me	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or insti HOSPITAL OR INSTITUTION	tution, give street address or location)	C. CITY OF TOWN (If outside corporate limits, write RUR &L and give township)
4713 to my	The state of the s	Malt imore
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give Tocation)
5. SEX   6. COLOR OR RACE   7. SING WIDE	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTY 9. AGE (In years if Under ! Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work dooe during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
mm z uren		Elizabeth Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distingury or complication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVEN CONDITIONS OF ANTECEDENT CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING	e.g., (A) NE passe, ath.) DUE TO (B) NING THE DUE TO (C) NING THE	
7	OR FINDINGS OF OPER	ATION 20. AUTOPSY/
	PLACE OF INJURY (e. g., ione, farm, factory, street, office bldg., e	
ID. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that attended to deceased alive on 2/6, 195 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) 7,9	Land that death occur  Ac, NAME OF CEMETE	red at 5 A m., from the eauses and on the date stated above.  3B. ADDRESS 23C. DITE SIGNED  RY OR CREMATORY 236. LOCATION (City, town, or county) (State)
LOCAL REGISTRAR SILVA	Laura, Mail	25. FUNERAL DIRECTOR ADDRESS



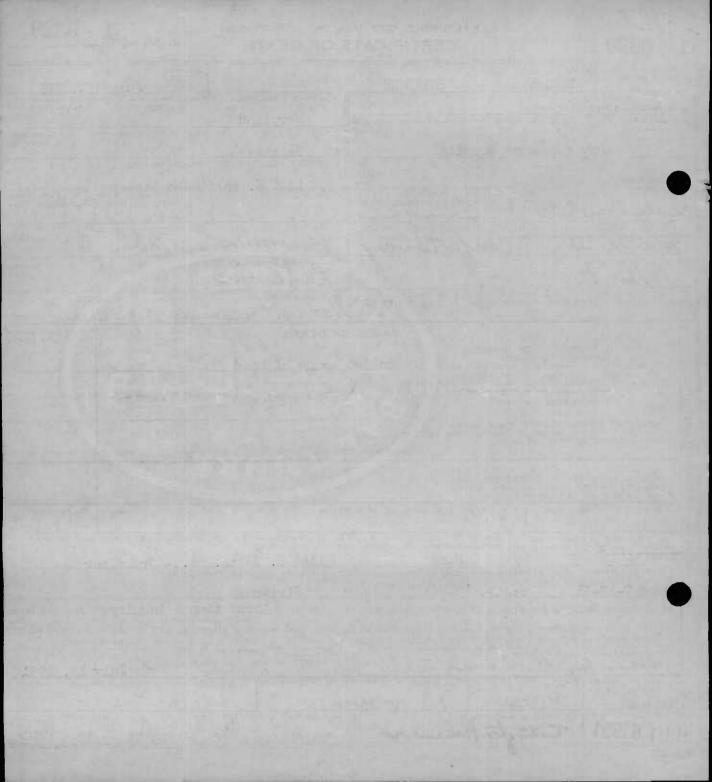
30	10
BIRTH	£328

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 6328

28	RTH NO.	0		CLICITI TOAT	L OF BEATH	areg.stered	110
1 (7	. NAME OF DI	Charles	Leith			2. DATE OF DEATH	18/51
	. PLACE OF DI . Baltimore C	City, Maryland			4. USUAL RESIDENCE (		If institution: residence before admission)
B. H	FULL NAME		tal or institut	tion, give street address or location)	md.		
	NSTITUTION	Mercy	Hosa		C. CITY OR TOWN	If outside corporate lim	wrigh RUKAL and give township)
	enoth of s	tor in Daltimone		40 Yrs.	O. STREET ADDRESS (I	f rural, give location)	
5	. SEX	stay in Baltimore		Dane Dane	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours
- 20	W	W		VED, DIVORSED (Specify)	1110/82	last binthday) M	Months Days Hours Min.
wor	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR			12. CITIZEN OF WHAT COUNTRY?
13	Barle 3. FATHER'S N	nder NAME	aura	s Havem	14. MOTHER'S MAIDEN N		V.S.
	John	Leith			Sarah To	200ml	
15 (Ye	. WAS DECEASE a, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	2 2 11	9 Wheeler
	18. / 7	7 V		CAUSE	OF DEATH	3. Louth	INTERVAL BETWEEN
	DISEAS	LEADING TO DEAT	TH	94	OF DEATH		ONSET AND DEATH
	(This does heart failur	LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea	of dying, e.g	ρ.	nalyed Carano	na	22mont
	injury or	complication which c	caused death.	\	probable primary	site -prosta	ite
NO	The state of	ANTECEDENT CAUS		(B)			
OIL	RISE TO TH	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	IG			
ICAT	O.L.	ING CONDITION	ST.	(C)			
RTIF	OTHER S	II IGNIFICANT CONDI	TIONS CON	The Land			
CEF	TRIBUTING	TO THE GEATH, BUT	NOT RELATED	D			
L	19A. DATE OF	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	21A. ACCIDI	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
ME	CAUSE OF D	DEATH					
	OF INJURY	(Month) (Day) (Year)	w	21E. INJURY OCCURRE  WHILE AT   NOT WHILE		Y OCCUR?	
1	22. I herebi	y certify that I att	m.	WORK LATWORK	1 1951 to	2 1 1 9 10 1	~1
	deceased ali	ive on 7118		and that death occur	2.5		that I last saw the the date stated above.
	23A. SIGNATI	TURE PAGE	,	2	3B ADDRESS		23C, DATE SIGNED
24	I 4A. BURIAL. CI ON, REMOVAL (Sp	REMA- 24B. DATE	amer 2	M. D.	may 14871.	LOCATION (City, town	1118/3/
13	surial	7/21/	51 :	Toudon Ra	ork Tem 38	01 Freder	ik live
LC	ATE RECEIVED OCAL REGISTR	BY REGISTRAR	5 SIGNATUI	RE	25. FUNERAL DIRECTOR	0	ADDRESS 1 ST.
#	111 1 0 14			53 I	John 1 660	fusu Von	~ Hollins
	VS 150	State of Lines	west their		506M		513
					50011		0 10

See Document File 51-6328

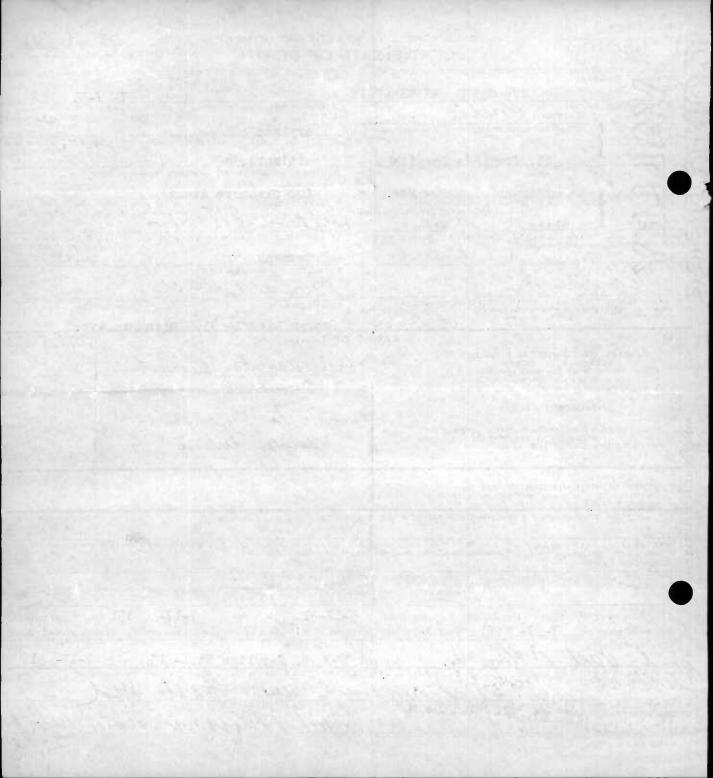
1. NAME OF DECEASED			2. DATE	
(Type or Print) WILLIAM	FRIEDMAN		OF DEATH Jul	v 17. 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	The same and the s	4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution		Maryland		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give
Johns Hopkins Hospi	tal	Baltimore		township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	2 - 111
ength of stay in Baltimore	Mos. Days	1//7 R Bold	imore Stree	12-01
- WIDOW	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under   Year   If Under 24 Hours onths; Days   Hours   Min.
male white	e Concert (Specify)		last birthday) M	onths Days Hours Min.
	OF BUSINESS OR	11. BIR HPLACE (State or fo	reign country)	12. CITIZEN OF
work done during most of working is, even if retired)	MOUSTRY	Maltemor	e Md	WHAT COUNTRY?
13. FATHER'S NAME	1/	14. MOTHER'S MAIDEN NA	ME	
(Whent		Referen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17./INFORMANT		DDDEEC
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	1/2		DDRESS
			uan - 2709	recesed 1 XHAR
18. £ 976 X 1	CAUSE	OF DEATH	1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	222			
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	, (A) Bullet	wound of head	Dr. 00***********************************	***************************************
injury or complication which caused death.	DUE TO			
ANTECEDENT CAUSES				
Z DISEASES OF CONDITIONS IS ANY SHOW	(B)	***************************************	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
UNDERLYING CONDITION LAST.	(C)	***************************************		
			400	
OTHER SIGNIFICANT CONDITIONS CON				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
	FINDINGS OF OPERA	TION		20. AUTOPSY?
AF.				YES NO X
U 21A. EXTERNAL CAUSE WAS 21B. PLAC	E OF INJURY (e.g., in	or 21C. WHERE DID (11	in Baltimore City,	give exact location)
O STATE OF STATE OF	m,factory,street,office bldg.,etc OMO		0.1	<b>1</b>
2 21D. TIME (Month) (Day) (Year) (Hour)   2	TE. INJURY OCCURRE	D 21F. HOW DID INJURY		Loor
OF INJURY	HILE AT NOT WHILE			
			2 0 1 1-	
22. I certify that I took charge of the r		Autopsy, I	nspection or Inquiry	
the evidence obtained by said Autor and death in my opinion resulted fr	sy, Inspection or In	quiry, find that said de	ceased died on th	ne day stated above,
23A. SISNATURE		238. CHIEF MEDICAL E		
Houley N. Ven	lacher M.C	ASSISTANT MEDICAL E	XAMINER	ulv 18. 1951
24A. BURIAL. CREMA- 24B. DATE 24	C. NAME OF CENETER		CATION (City, town,	
Du wal 7-18-51	Helmonap lange	1000	With m	01
DATE RECEIVED BY   REGISTRAR'S SIGNATUR		250 FUNERAL DIRECTOR	77	ADDRESS
JUIL RE819957 rtutienton Mil	linus 45	V	1 7 1 . A.	E tour land
	or annound highlights.	YOLOY LEWIS YILL	1 7100-07	Cham Mark
V S 151	The Head of the He	n la	1/	V V
11 8534	710	0617	16	4c V



15	5		
51	G	330	
BIRTH	NO	300	

51 6330

	IRTH NO.	30		CERTIFICATI	E OF DEATH	Registere	l No.	
1	NAME OF I		****			2. DATE		
-	5/ 10= 0=		UNLIGUNDA	BIENENSTEIN		DEATH	7-17-51	
	Baltimore	City, Maryland	mila	ma	4. USUAL RESIDENCE (V	Where deceased lived, B. COUNTY	If institution	n : residence for admission
B.	FULL NAME		tal or institution	on, give street address or location)	Maryland	outside comporate li		L
11	NSTITUTION	S+ T	o senh la	Hospital	Baltimore, 6	outside confidence in	a consumation in	township
7		50.0	0 8900 8	Yrs.	D. STREET ADDRESS (If	rural, give location)		
	ength of	stay in Baltimore		50 yrs. Mos.	4102 Glenmore	Awansa		
5	SEX	6. COLOR DR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	Female	White		Widowed (Specify)	Jeft 29. 18/1	lættirt/day)	Months Days	Hours: Min.
10 wor	A. USUAL OC	CUPATION (Give kind of of morking life, even if retired)	10B. KIND	OF BUSINESS OR	11 BIRTHPLACE (State or fo	oreign country)	12. CITI	ZEN-OF
		me	1	me	Germany	Beatski	27	COUNTRY
13	. FATHER'S	NAME .	1		14. MOTHER'S MAIDEN N.	AME		
	VIII	) delle	-		Bubala 1	Gall		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			_	rince	George Liebel- 1	1102 Glenmon	ce Ave.	
	18. 3	3/X 1		CAUSE	OF DEATH		INTER	EVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	1	11.0.1	6.01	ONSE	T AND DEATH
	(This doe	LEADING TO DEA	of dving, e.g.	, (A) CIREL	ral Vascular	accident		
	injury or	are, asthonia, etc. It mes complication which	caused death.)	DUE TO	Clrehal Ken	rarhage.		
		ANTECEDENT CAUS	SES		, , , , , , ,			
Z				(B) Arth	Vascular Des	extensive		
10	RISE TO	S OR CONDITIONS, I	STATING THE	DUE TO	Variable 1			***************************************
Y	UNDERL	YING CONDITION LA	AST.	(C)	vascuar en	elasl		
ERTIFICATION								
RT		II SIGNIFICANT COND					A 19	
CE	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
				FINDINGS OF OPER	ATION		20.	AUTOPSY?
SA							YES	ON D
MEDICAL	LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., In rm,factory,etreet,office bldg.,e		If in Baltimore City	, give exact	location)
2	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRE	D 21F, HOW DID INJURY	OCCUR?		
	P INSURT			HILE AT NOT WHILE				
	22. I hereb	y certify that I att			-12-51 , 19 (to	7-17- , 19.	51 that I	last ones Ab
	deceased a	live on 7-17-	1 <b>51</b> a		red at 2:40am., from the	he causes and on	the date s	tated ahove
	23A. SIGNA	TURE 1 1		2	3B. ADDRESS			ATE SIGNED
1	16-	Van lote	104, Ja	M. D.	1400 N. Caroline	St 13	7-1	7- 51
Zi.	AREMOVAL	Bpedity)	15/2	NAME OF CEMETER	el eu. 240. L	OSATION (City, tow	n, or county)	(State)
D	TE RECEIVE	RAR		Eur Mal	25. TUNERAL DIRECTOR	enu 60	67 M	alm
=	VS 150	1 12	-100 to 100 to 1	Language A 1	me a 7 - gu	5 9	-1 /40	- July
							7	1 111

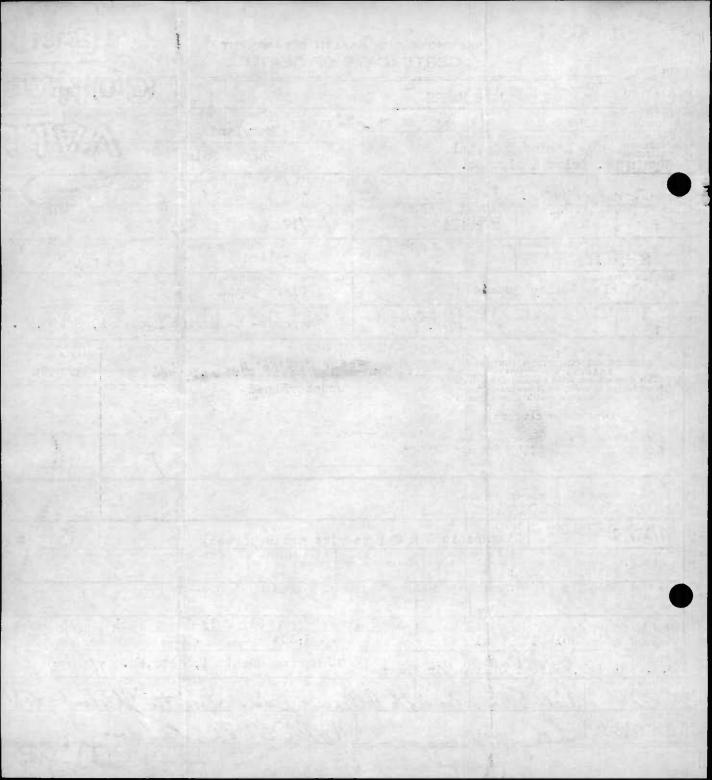


62051 6
---------

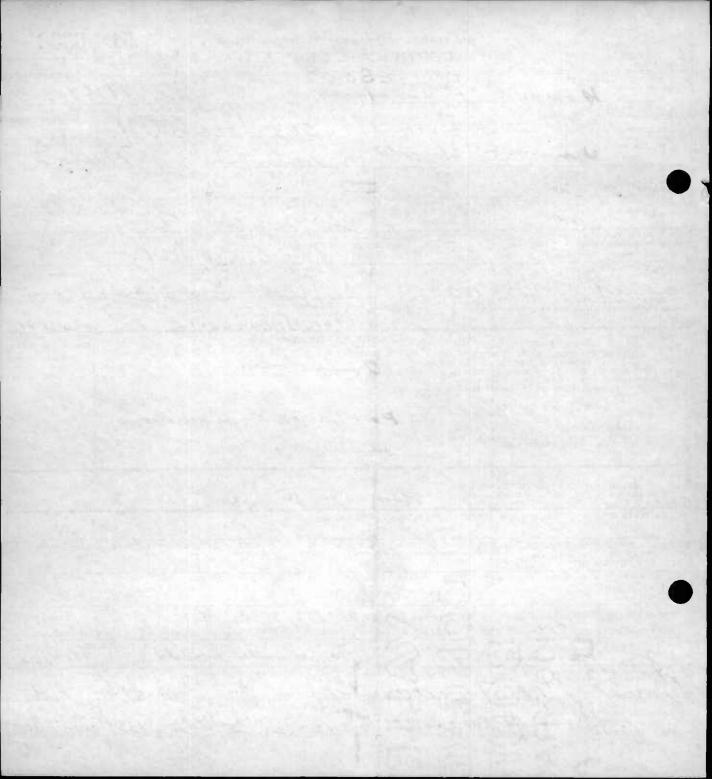
### BALTIMORE CITY HEALTH DEPARTMENT

51	6331
Registered No	

BIRTH NO.	OEITH TOATT	E OF BEATH		
1. NAME OF DECEASED (Type or Print) CLARA J.	ANE MARSH		2. DATE July	18, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or	r institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If	institution: residence before admission)
HOSPITAL OR US Marine Ho Wyman Pk. Drive & 31s		Section 2	ts, write RURAL and give township;	
c. Length of stay in Baltimore	? Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	6900
F W	SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MATTIED	8. DATE OF BIRTH 4/14/19		f Under I Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY? USA
Charles Wesley Sne		14. MOTHER'S MAIDEN NA Clara Evans	ME	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of s	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Records- US M	larine Hospi	DDRESS tal, Balto,Md.
18. 434.1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	Canno	stive heart diseas	se, type	Unknown
heart failure, asthenia, etc. It means the injury or complication which cause	he disease,	undetermined		***************************************
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF AN	(B)	***************************************		••••••
RISE TO THE ABOVE CAUSE (A) STA	(C)			
	(6)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAI	RELATED			
. 19A. DATE OF OPERATION . 1 19B.	major findings of operagnostic D & C ( Res	ATION	1	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 1 2	218. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., el	or   21c. WHERE DID (If	in Baltimore City,	YES NO K
ID. TIME (Month) (Day) (Year) (Ho	our)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attend	led the deccased from July	y 8 <u>, 19 51 to Jul</u>	y 18 , <sub>19</sub> 5	1, that I last saw the
deceased alive on 18 19	15 Land that death occur	red at 6:20 Am., from th	c causes and on th	he date stated above.
D.W. Patrick, Medical	filter in Charge	38 ADDRESS Warine Hospita	1, Balto, Md.	7/18/51
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LO	CATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SI	IGNATURE TAL	25 FUNERAL DIRECTOR	multo ya	ADDRESS
JUL PERIODA	William	John U. B.	adshar	w fr.
VS 150	ago. Por consequent form agrees	93 E C	iski	Del ma



51 6332 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, 15 institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location If outside corporate mits, write RVRAV and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Moo: ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (In years | Il Under | Year | If Under 24 Hours | last buy thday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. 1503 Low 298.0 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY a felic tosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES syndrome NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES Y 218. PLACE OF INJURY (e. g., in or -21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE ! WORK 6/1/5/ 19 to 22. I hereby certify that I attended the deceased from\_\_\_\_ . 19 5', that I last saw the deceased alive on 7/16 . 1957, and that death occurred at 8:18Pm., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED turnan AEMOVAL (Specify) DATE RECEIVED BY REGISTRAR S SIGNATURE 25 CHNERAL DIRECTOR LOCAL REGISTRAR VS 150 west of the property of the same

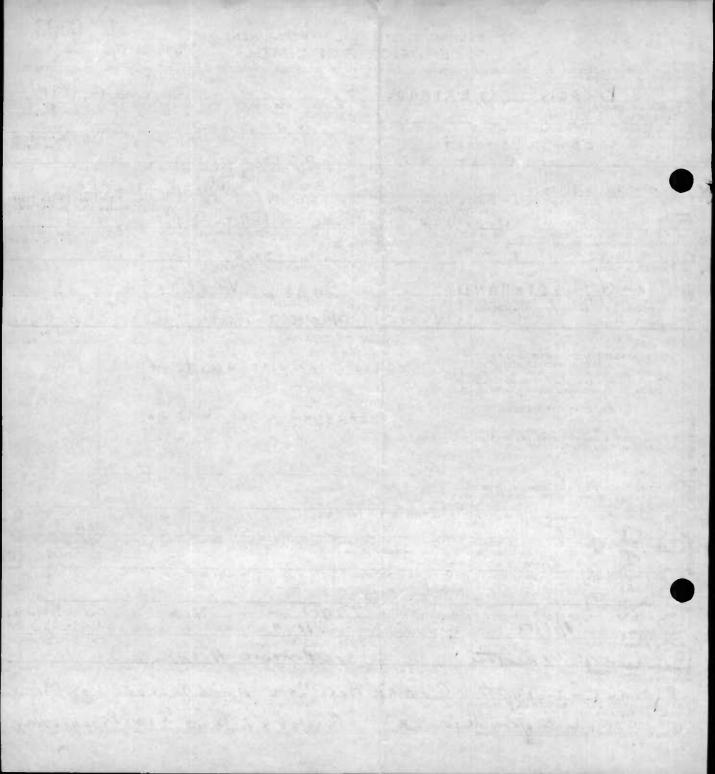


#### BALTIMORE CITY HEALTH DEPARTMENT

51 6333

83a

1	CERTIFIC	ATI	E OF DEATH Registered No.	
B	RTH NO.	-	- OI BEATT	
1.	NAME OF DECEASED Print) BROOKE, CTERTRUDE	135	2. OATE OF O.	17 1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased Wed, 17), a. STATE  B. COUNTY	titution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street addr		MARYLAND	. /
H	OSPITAL OR 3603 3rd Street local	ation)	C. CITY OR TOWN (If outside corporate limits, v	
	Basto 25		BAITIMORE LO	( township)
		Yrs.	D. STREET ADDRESS (If rural, give location)	
6	most how of other in Doltimonia	Mos.   Days	3603 Third Street	T
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	2	8. DATE OF BIRTH 9. AGE (In years     Unc	ler I Year   II Under 24 Hours
F	WIDOWED IN ORCED (S	opecny)	June 24 1874 77	Days Hours Min.
10	A. USUAL OCCUPATION (Givekindof) 108, KINO OF BUSINESS C			CITIZEN OF
6	ndone during most of working life, even if retired)    OUSE Wife	SIRY	Puchaste Nu	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	J.3.
1	Wilham G 9 ALTHOR		6	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		MARY VOSBURGH	
(Ye	s, no or nnknown) (If yes, give war or dates of service) SECURITY !	NO.		RESS
-	NO NONE		MARGARET Smith 3603 31	rd St. Bastoc
	18. 331X , CAU	JSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(This does not mean the mode of dying, e.g.,	RID	ro. NasculAR Accident	1.1 Wz.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			
z	(B) 9 E	DEF	-allyed waterioseleusis	
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A	UNDERLYING CONDITION LAST.			
RTIFICATION				
Ē	II (C)			
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	ODER	ATION.	100 4117000
7	19A. DATE OF OPERATION   19B. MAJOR FINOINGS OF	OPER	ATTON	20. AUTOPSY?
U	21A. ACCIDENT, SUICIOE. 21B. PLACE OF INJURY	(e. g., jı	n or   21c. WHERE DIO (If in Baltimore City, give	YES NO NO
EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office			
Σ	215 TIME (Month) (Day) (Vern) (Hour) 1 215 INCHERY OCC	TUDB	ED 21F, HOW DID INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC			
	m. WHILE AT NOT WORK AT I	WHILE		
	22. I hereby certify that I attended the deceased from_	_7	/15/5-1, 19 , to 7/16 , 1957,	hat I last saw the
	deceased alive on 7/16/51, 19 and that death			
				23c. OATE SIGNED
	Muse Q. I rective M. I	D. 3	316 Youtlac AVE BAID. 25	7/16/51
2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CE	METE	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	AURIAL JULY 191951 CEDAR	e H	I'LL CEM. ANNE ANUNDEL	Co Mo
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR A	DDRESS
	111 1 9 1951 Lintuston Williams MAN	2	GADEE & 2 bank 400, R.	70 wie No.
=	VS 150	Bud !	The state of the s	-CHI BILLY
	· · · · · · · · · · · · · · · · · · ·			X30



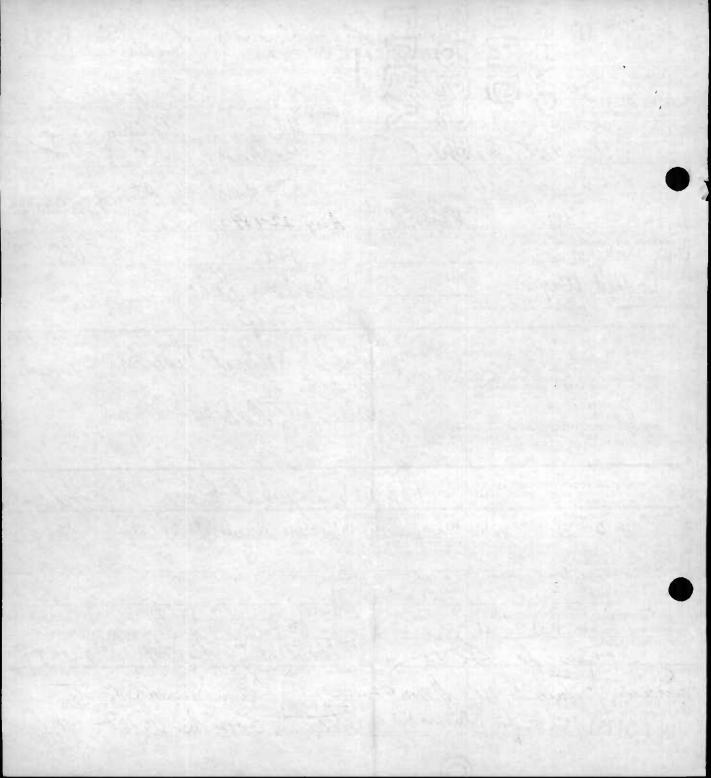
VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

51 6334

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write NUR II, and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Blind Workshop 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ONRAD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. 18. 560.0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION lada Cable Herma 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DVD. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE ATT NOT WHILE WORK m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from to 7-17-51, 19 that I last saw the deceased alive on 1-17 194/ and that death occurred at 23A. SIGNATURE 24A BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) lund trude Colour DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

1220



### BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

BIRTH NO.	2 OI DEATH			
1. NAME OF DECEASED (Type or Print) JOHN STITZEL	2. DATE OF DEATH July 17, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MARYLAND B. COUNTY hefore admission)			
HOSPITAL OR US Marine Hospital location) Wyman Pk. Drive & 31st St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE township)			
c. Length of stay in Baltimore ? Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 433 N. Exeter Street			
5. SEX    6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Married   Married	10/21/79  9. AGE (In years   H Under 1 Year   H Under 24 Hours   Months   Days   Hours   Min.			
IOA. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  None  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Martin Stitzel	14. MOTHER'S MAIDEN NAME Eliza Farrell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes  WW I - USA  16. SOCIAL SECURITY NO. 217-22-6588	Records-US Marine Hospital, Balto, Md.			
18. 581.0 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH			
	hosis of liver Unknown			
	riosclerosis, generalized			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)				
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7 YES NO			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	or   21c. WHERE DID (If in Baltimore City, give exact location)			
ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21E. INJURY OCCURRED   21E. INJURY OCCURRED   21E. INJURY OCCURRED   31E. I	2 IF. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jul	y 17, 19 5, to July 17, 19 5, that I last saw the red at 9:45Pm., from the eauses and on the date stated above.			
D.W. Patrick Medical Officer in Charles	3B. ADDRESS US Marine Hospital, Balto, Md. 7/18/51			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY REGISTRADES SINTIURE LOCAL REGISTRADE 191951	William Cork The Bill had			
VS 150	1248			

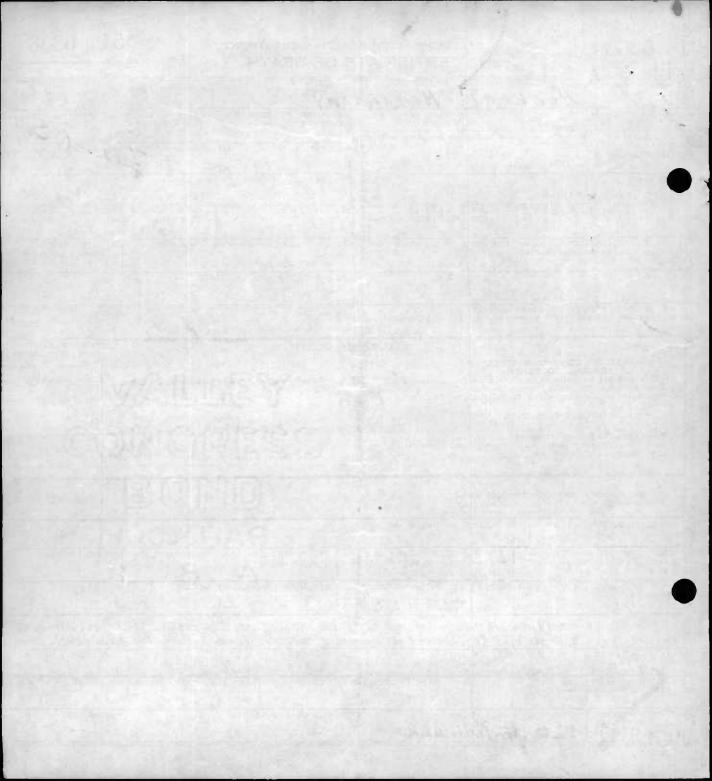
E. Det Callet Ca. arbit-17-712 Kill - T. W.S. - hard for an area Desiletone Director State INDAY OF THE TAXABLE PROPERTY.

5	32
51	6336

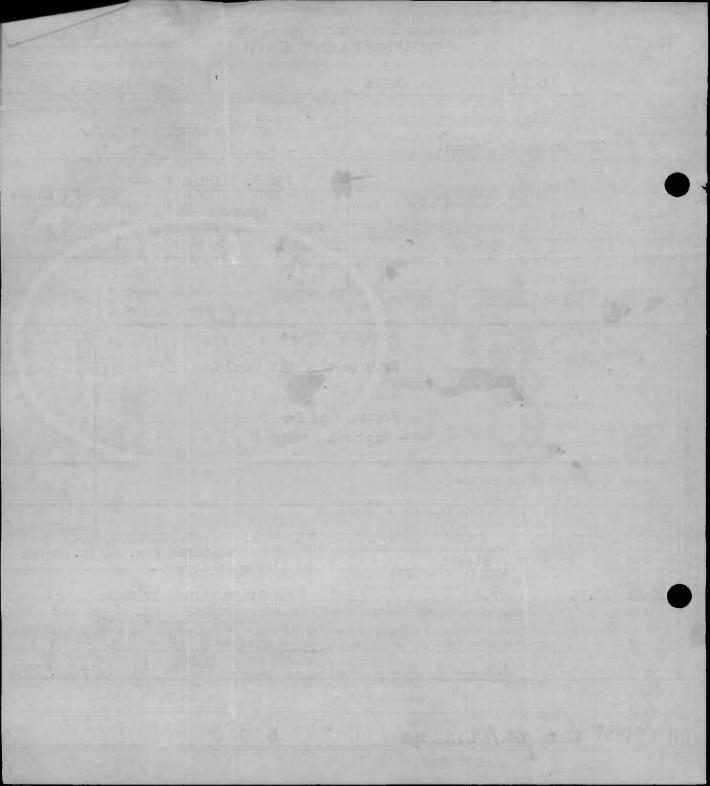
#### BALTIMORE CITY HEALTH DEPARTMENT

51 6336

BII	RTH NO.			CERTIFICATI	E OF DEATH		
(T <sub>3</sub>	NAME OF DEC	Herb	enT	H. LINd	SAY	2. DATE 7	7/51
	PLACE OF DEA Baltimore Cit				4. USUAL RESIDENCE () A. STATE	Where deceased lived, If B. COUNTY	institution: residence before admission)
	FULL NAME OF	(If not in hospit	al or instituti	on, give street address or location)	rroy ash	tm & F	- 02
	STITUTION	1 agnes	. Had		C. CITY OR TOWN (1)	f outside corporate limit	township)
		1 agres	1	Yrs.	D. STREET ADDRESS (If	rural, give location)	
С.	Length of sta	y in Baltimore		Mos. Days	vvovas	Atm Si	- Dalto
5.	) n	COLOR OF RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours on this Days Hours Min.
		JPATION (Give kind of rorking life, even if retired)		OF BUSINESS OR JNDUSTRY	11. BIRTHPLACE (State or f	oreign countred	12. CITIZEN OF WHAT COUNTRY
C	Mosen	tel	Heatr	und Union	Baltims	re	WHAT COUNTRY
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	Õ
15	rank	' Zind	ing	1	Horne	MUTC	le l
(Y 00)	no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Linksky	DDRESS
TIFICATION	(This does in heart failure, injury or continuity or continuity or continuity or continuity of the con	OR CONDITION EADING TO DEA to t mean the mode of asthenia, etc. It mea omplication which of NTECEDENT CAUSE OR CONDITIONS, I ABOVE CAUSE (A) NG CONDITION LA	TH  of dying, e. g  ns the disease  caused death.  SES  F ANY, GIVIN  STATING TH  AST.	(B)	المستحدية	Pare Til	ONSET AND DEATH
CERT	TRIBUTING T	O THE DEATH, BUT EASE OR CONDITION	NOT RELATE	Г			
7	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICA		NT WAS UNDER CONTRIBUTING		CE OF INJURY (e. g., in erm, factory, street, office bldg., e		If in Baltimore City,	
	ID. TIME (M. F INJURY	onth) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
-	22. I hereby deceased aliv	e on July 17	1	and that death occur	red at m., from t	# 1	Z, that I last saw the he date stated above.
	Cue Cue	8-C Ren	lene	м. р.	2217 Sout	Su rus	25C. DATE SIGNED
	A. BURIAL, CR N. REMOVAL (Spe		-,	Nestun	RY OR CREMATORY 24D. L	BANGES	or county) (State)
DA	TE RECEIVED CAL REGISTRA	BY REGISTRAR	S SIGNATU	re l'aut, Mile	25. HUNERAL DIRECTOR	, Anc	ADDRESS
	VS 150			5,	108K		93)



	10111 100.							
1. (T	NAME OF ype or Print)	DECEASED AMEL	[A	SMITH		2. DATE OF DEATH	July 17,	1951
	PLACE OF	DEATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. B. COUNTY		residence re admission)
В.	FULL NAME	OF (If not in hospit	al or institution, g	ive street address or	Maryland		10	1
	STITUTION	2075 Rockros	ea Arranna	location)	c. CITY OR TOWN (I	f outside comparate li	mits, write RIV	RAL and give township)
_	10.4	20/) HOCKIO	oe Avenue	Yrs.	Baltimore D. STREET ADDRESS (If	rural give location)		
	ngth of	stay in Baltimore		Mos. Days	232 S. Cli	Inton Street		
5.	SEX Female	6.COLOR OR RACE	7. SINGLE, MA WIDOWED, I	RRIED. DIVORCED (Specify)	April 12 1888	9. AGE (In years last birthday)	Months Days	Hours Min.
		CCUPATION (Give kind of t of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Baltimore	oreign country)	12. CITIZI WHAT	EN OF COUNTRY
13	. FATHER'S	NAME	110 110:10		14. MOTHER'S MAIDEN N	IAME		
		Don't know	N		Don't know			
		SED EVER IN U. S. ARME		SOCIAL	17. INFORMANT		ADDRESS	
( X 0	i, no or unknowi	(If yes, give war or date	as of service)	SECURITY NO.	Edward L Smith	232 S Clint	ton St	
CThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
ERT	TRIBUTI	SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
U		The state of the s		DINGS OF OPER	ATION		20. A	UTOPSY?
MEDICAL	UNDERLYII UTING X	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.  (Month) (Day) (Year	Street	OF INJURY (e.g., in ctory, streat, office bldg., e	of Claremont	If in Baltimore City ghland Ave.  Street Y OCCUR?	v. give exact l	ocation)
	OF INJURY	10:05	P. m. WHILE WORL	AT NOT WHILE	Pedestrian	struck by a	uto	
	22. I ecrt	ify that I took char vidence obtained by leath in my opinion	rge of the rem	ains described a Inspection or I	bove, held an Autopsy, nquiry, find that said d accident , suicide  238. CHIEF MEDICAL ASSISTANT MEDICAL	ODSY Inspection or Inquireceased died on  homicide  EXAMINER	thereon the day sto , undetermin	ned [].
24 TIC	A. BURIAL.	CREMA-248. DATE (Specify)	24c. I		RY OR CREMATORY   24D. L	ocation (City, too		(State)
DA L	CAL REGIS	ED BY REGISTRATE	S SIGNATURE		25. FUNERAL DIRECTOR Ullrich Funeral F	iome 2008 Or	ADDRESS leans St	
V	S 151	V-854.0	を表現の対象を			1',	70c	V

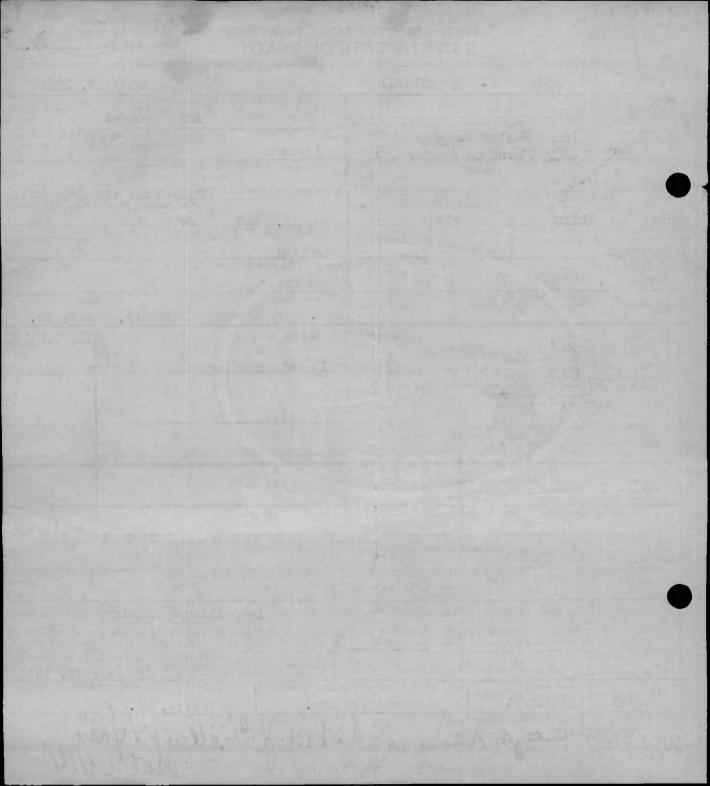


# +315428

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6338 Registered No.

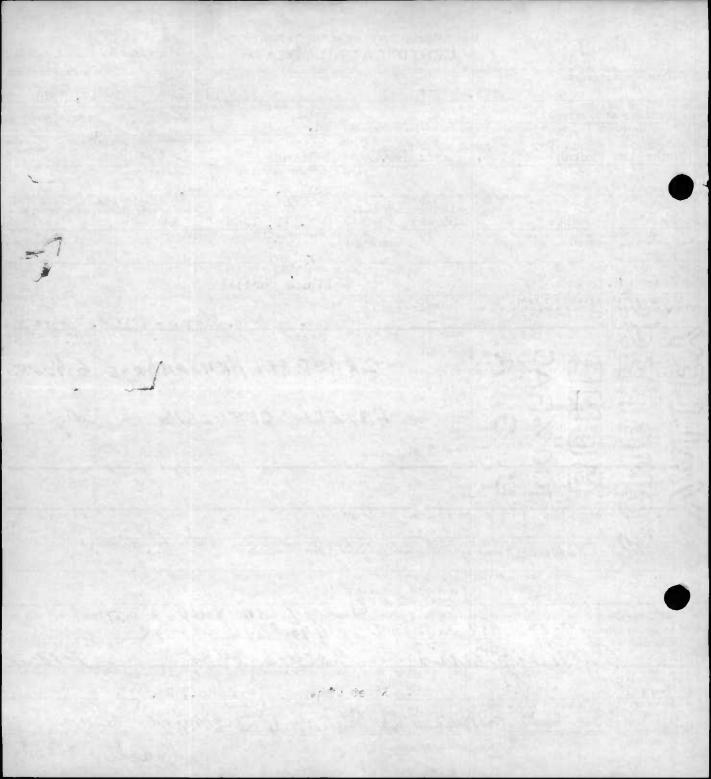
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) JOHN	K. ODENWALD	d	2. DATE OF July	18, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospite	al or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland Anne Arundel before admission		
HOSPITAL OR James Kee	elty Company location) ondson Avenue		f outside corporate limits,	write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos.		rural, give location)	5000
6. COLOR OR RACE	Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Un last birthday)   Month	der I Year   If Under 24 Hours hs: Days   Hours   Min.
Male White  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	married  108. KIND OF BUSINESS OR INDUSTRY	June 22 1887 11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF
accountant 13. FATHER'S NAME	Real Estate	Maryland 14. MOTHER'S MAIDEN N	AME	WHAT COUNTRY
Herman G. Odenwald		Anna Lauer		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates 110	of service) 16. SOCIAL SECURITY NO.	Mrs. Mary Stocke		PRESS
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the mode of the complete th	ns the disease, aused death.) DUE TO  SES  FANY, GIVING STATING THE DUE TO  ST. (C)	osclerotic cardio		
/ 1	NOT RELATED CAUSING IT	ATION		20. AUTOPSY?
A	Lote Charles of Mulion (	Late William Dia	Is in Dale of the Control	YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB-UTING   CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID () stc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
Z 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR7	
and death in my opinion	gc of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Autopsy, inquiry, find that said d	Inspection or Inquiry eccased died on the , homicide , und	day stated above, letermined
24A. BURIAL CREMA-/24B. DATE TION, REMOVAL (Specify) 7/21/5	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	
	SSIGNATURE	25 JUNERAL DIRECTOR		DDRESS
V \$ 151	Company of October	00 74	93) Butto	mar



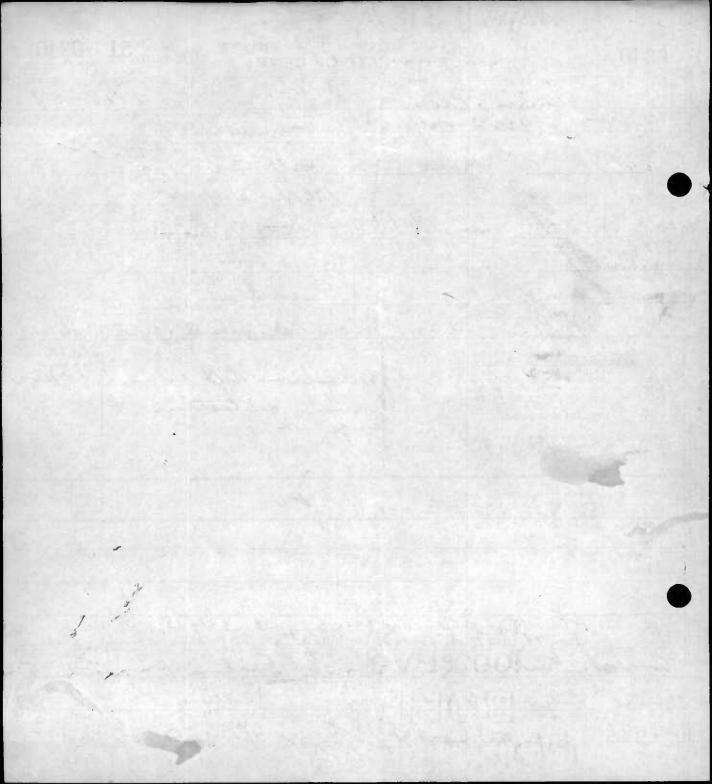
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6339 Registered No.

BIF	TH NO.			CERTIFICATI	E OF DEATH	Registered	10,		
	NAME OF D	ECEASED				2. DATE			
(1)	pe or Print)		MARY C.	BRENT	DEATH July 17, 1951				
	PLACE OF D	EATH: City, Marylan	d		4. USUAL RESIDENCE ()	Where deceased lived.	If institution	residence	
	ULL NAME			tion, give street address or	Md	B. COUNTY	bert	ore admission)	
HO	SPITAL OR		r the Aged	location)		outside Corporate li	its write RU	RAL and give	
		Chursh -	2211 W. R	ozers Ave.	Baltimore	41		township)	
				Yrs.	D. STREET ADDRESS (If rural, give location)				
	ength of s	tay in Baltim	ore	Mos. Days	2211 W. Rogers	Arre -			
5. 5	EX	6. COLOR OR		E. MARRIED.	8. DATE OF SIRTH 9. AGE (In years) If Under 1 Year   If Under 24 He				
3	emale	white		ved, DIVORCED (Specify)	Oct. 11, 1866	last birthday)	Months Days	Hours Min.	
10A	. USUAL OC	CUPATION (Giv	ekind of 10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or f	0 4	1 12. CITIZ	EN OF	
	lone during most o	of working life, even if	retired)	INDUSTRY	Mayeland		WHA.	COUNTRY?	
	FATHER'S N	NAME			Maryland 14. MOTHER'S MAIDEN N	AME	1		
· c	oseph S	. Bowen			Albina Curdell				
15.	WAS DECEASE	ED EVER IN U.S.	ARMED FORCES?	16. SOCIAL	17. INFORMANT		1000000		
(Yes,	nn or unknown)	(If yes, give was	or dates of service)	SECURITY NO.		31 1 001	ADDRESS		
	18			- C1110m	Mrs. Mamie B. F	isher - 221		CORS AVE	
	55	/ × 1		CAUSE	OF DEATH			AND DEATH	
		LEADING TO	TION DIRECTLY DEATH	0.6	DED DAI 1/H	10.001.	1	1	
	(This does heart failu	not mean the parties, asthenia, etc.	mode of dying, e. It means the diseas	g., (A)	REBRALHE	MORINAA	E 61	hours	
			hich caused deatl						
		ANTECEDENT	CAUSES	no"	Traine el ma		24	1	
Z	DISFASE	S OP CONDITIO	ONS, IF ANY, GIVII	(B)	ERIOSCLER	05/5	10	yes	
ATION	RISE TO T		E (A) STATING T				1		
OA	UNDERLI	TING CONDITIO	ON LAST.	(C)	***************************************	***************************************			
E =		11							
F			CONDITIONS CO				100		
U			, BUT NOT RELAT						
	19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20.7	AUTOPSY?	
N.							YES	NO L	
EDICA		ENT WAS UND		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	If in Baltimore City	give exact	location)	
M Z	CAUSE OF		NG L						
	21D. TIME (	(Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJUR	Y OCCUR?			
			m.	WHILE AT NOT WHILE					
	22. I hereb	n cortifu that	I attended the	- 11	uly 1 195 Dto &	uly 17, 19,	5-1 that I	act can the	
	deceased al	19		and that death cour	10,10				
	23A. SIGNAT		, 100	2	3B. VDDRESS	and causes area on		TE SIGNED	
		Estalas	us Da	nes M.D.	80013324	ST	7-	17-51	
24	. BURIAL.	CREMA- 24B. D	ATE 1	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county)		
TIOI								(State)	
TIOI	Burial		20/51	Mt. Olivet	Cema A Ban	to . Md.		(State)	
	REMOVAL (S Burial TE RECEIVE	D BY   REGIS		Mt. Olivet	Coma Ban	to., Md.	ADRES		
	Burial (S	D BY   REGIS	20/51	Mt. Olivet		to. Md.	ADDRES		
	Burial TE RECEIVE	D BY REGIS	20/51 tran's signati	Mt. Olivet		to. Md.	APORES		
	REMOVAL (S Burial TE RECEIVE	D BY   REGIS	20/51 tran's signati	Mt. Olivet		charer &	A DORES		



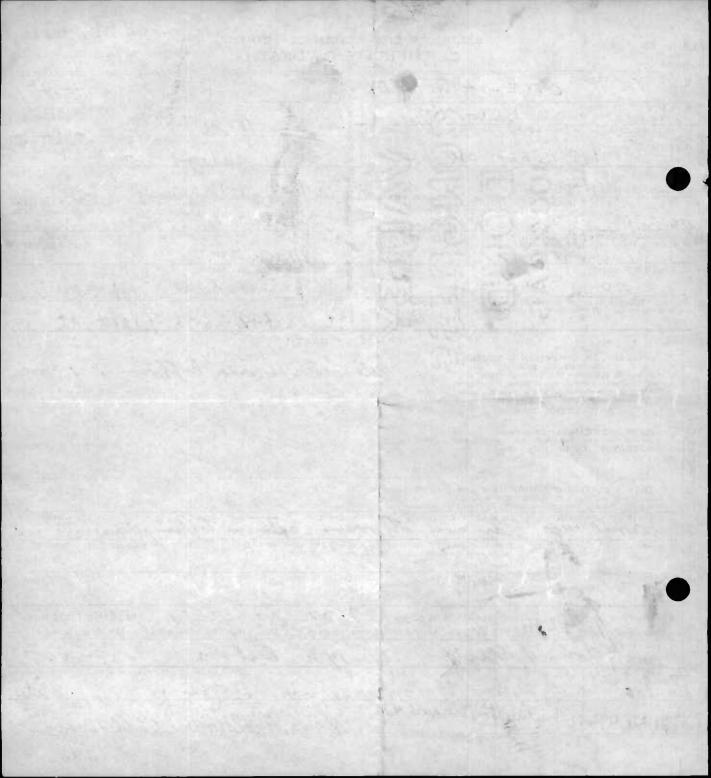
O 62 CERTIFICATE CORRECTED 7-20-51	
BALTIMORE CITY HEALTH DEP CERTIFICATE OF DE	
1. NAME OF DECEASED (Type or Print) Piserek	2. DATE OF DEATH 7-18-51
3. PLACE OF DEATH: A. Baltimore City, Maryland /26 & Wolfe & A. STATE  B. FULL NAME OF (If not in hospital or institution, give street address or	ESIDENCE (Where deceased lived, If institution: residence before admission)
HOSPITAL OR INSTITUTION  C. CITY OR T	TOWN (If outside corporate limits, write RonAL and give township)
Yrs. Mos.	DDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	BIRTH  9. AGE (In years If Under I Year last hirthday)  Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPL/	ACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER	S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMA	nhow.
(Yes, no or unknown) (If ye have dates of service) 213-09-3276 Man 3-17. INFORMA	her misarch 126 S. Walle it
18. /80 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	me Left reduce = 14 mos.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	4.
ANTECEDENT CAUSES	meracias o
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYTY YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or layout home, farm, factory, street, office bldg., etc.)	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT WORK AT WORK	/ DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Way 6,	1950, to July 18, 1957, that I last saw the
deceased alive on wy 17, 195), and that death occurred at 238, ADDRESS	Am., from the dauses and on the date stated above.
Con has Lucuscossis M.D. 2579	Easter Mr. 7-18-51
24A. BURIAL, CREMA- TION REMOVAL (Specify)	Ballimore Co. Md.
	DIRECTOR
We 150 Vs 150	e & Weber 700 & ann 16
VS 150 94055	520



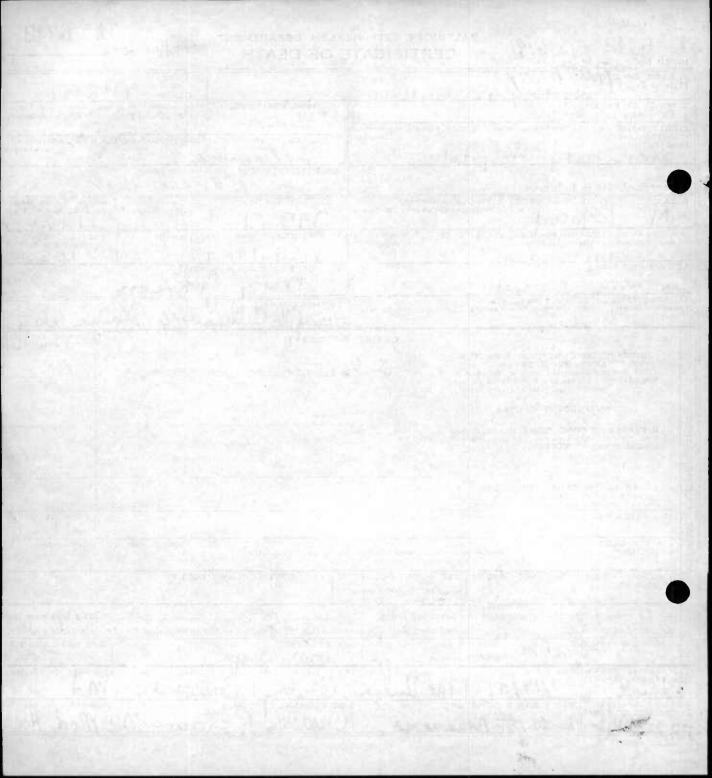
51 6341

Registered No.

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE GECELIA R. FOX OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, If institution : residence Balto. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate mits, write BURAL and give INSTITUTION township) n. Kenwood are Yrs. p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Munder | Year | Winder 24 Hours | Months; Days | Hours | Min. Widowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFIC (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Elklenson EDIC, (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218, PLACE OF INJURY (e. g., in or | 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) CID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT 195/, to 7-17, 195/, that I last saw the 22. I hereby certify that I attended the deceased from. 195/, and that death occurred at 5-25 pm., from the causes and on the date stated above. deceased alive on\_1 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CPEMA-240. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150

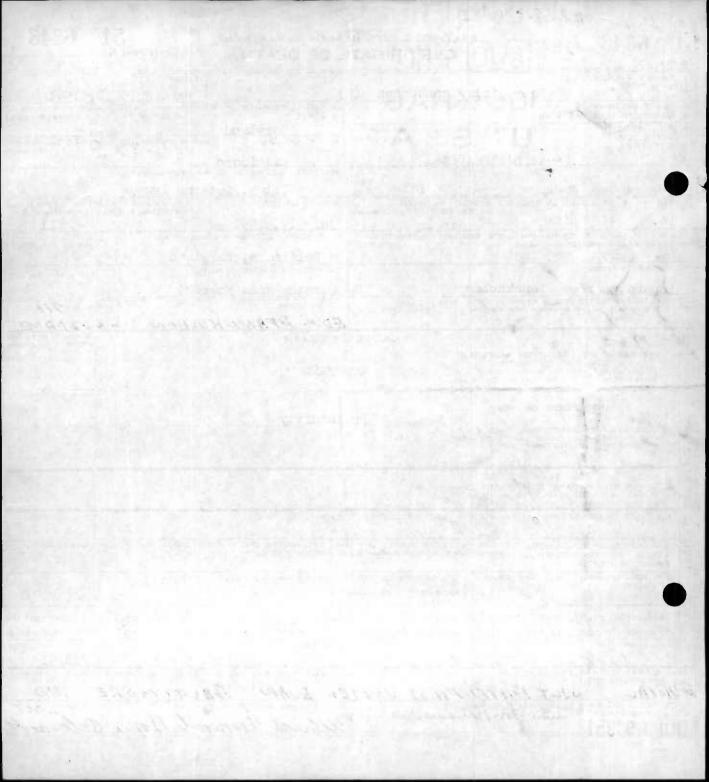


	146						51 0040
51	6342	51:1619	7/ BAI		EALTH DEPARTMEN E OF DEATH	NT Registere	51 6342 d No.
1.	NAME OF D	Methon	Y \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			2. DATE OF	) ( , = 1
	PLACE OF D Baltimore (	EATH: City, Maryland	ym	Cullers	4. USUAL RESIDENCE	DEATH	L If institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	oital or institut	ion, give street address or location)		(If outside corporate li	imits, write RURAL and give
46	Uniu	ersity 1	tospita	Yrs.	D. STREET ADDRESS	(If rural, give location,	Kura (township)
5	ength of s	tay in Baltimore	E 7 SINGL	Mos. Days E. MARRIED.	100 B	laine V	
	M	colored	WIDOW	/ED, DIVORCED (Specify)	1-17-5		Months Days Hours Min.
wor	k dane during most	CUPATION (Give kind of warking life, even if retire	of 108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	WHAT COUNTRY
13	Ler Ler		allers		14. MOTHER'S MAIDEN	I NAME O POR	4.0.
15 (Ye	o, no nr nakanwa)	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17 INFORMANT CIL	100 B	ADDRESS
MEDICAL CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE HOMICIDE CONTROL OF INJURY	SE OR CONDITION LEADING TO DE Inot mean the mode re, asthenia, etc. It m complication which ANTECEDENT CA SOR CONDITIONS HE ABOVE CAUSE (A YING CONDITION TO THE DEATH, BU ISEASE OR CONDITION FOPERATION ON TO THE DEATH, BU ISEASE OR CONDITION INT. SUICIDE. (Specify) Month) (Day) (Yea  "Y certify that I a ive on	ATH of dying, e. reans the disease caused death JSES  IF ANY, GIVIN ) STATING THAT LAST.  DITIONS CONT NOT RELATED CAUSING 19B. MAJOR  21B. PLA about home, f  r) (Hour) m.	(B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	RATION  D DT 21C. WHERE DID 1NJURY OCCUR?  ED 21F. HOW DID 1NJU	URY OCCUR?	20. AUTOPSY?   YES   No
2/	23A. SIGNAT	JUN	eun	м. р.	Unio, Hosp	Jerit III III	23c. DATE SIGNED
	REMOVALOS		151	Mt Rukur	Cametery L	Baltempe	, ma , (state)
11	ATE RECEIVED CAL REGIST	BAR REGISTRAI	S SIGNATU	RE 5	Charles .	Law - 80	2 Mad. Ave.
J-C	VS 150	Salter.		in the same of the			160a

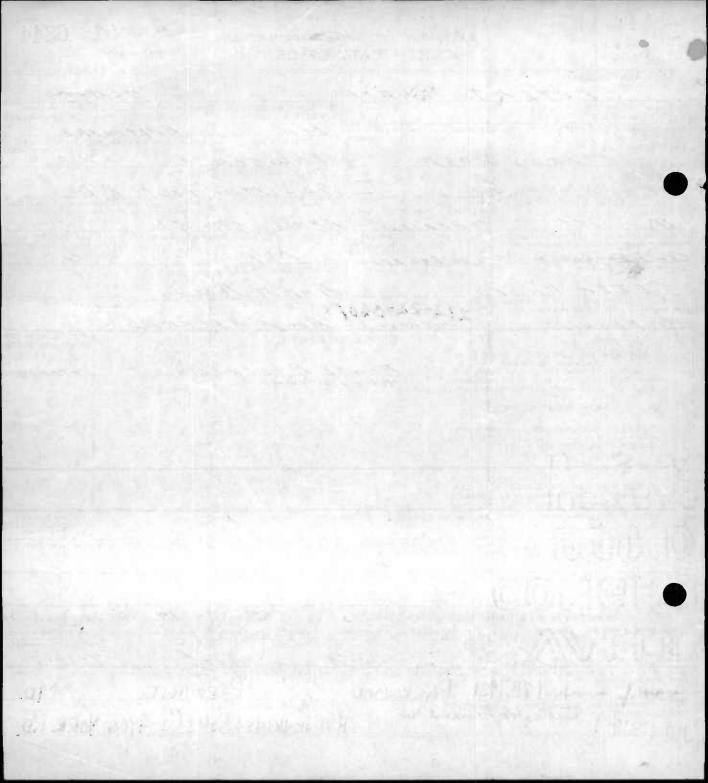


522 8.8. 51-16063

)]	634	3	BA		EALIH DEPARTMENT	Pagistanad Na		
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No.		
	NAME OF D	ECEASED			1 2	2. DATE		
(1	'ype or Print)	Baby	Girl F	fannkuchen (H	3)	OF DEATH July 18	3 7957	
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (Whe.			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address or location)		side corporate limits, v	rite RURAL and giv	
6	-1	St. Joseph	's Hosp	oi tal	Baltimore	1-0~	township	
		0000	0 11000	Yrs.	D. STREET ADDRESS (If rur.	al, give location)		
	ength of s	tay in Baltimore		Life Mos.	771 0 T			
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED.			der 1 Year   If Undet 24 Hours	
	Fe.	White		VED, DIVORCED (Specify)		last birthday) Month	s Days Hours Min.	
10		CUPATION (Give kind of		ingle	July 17, 1951		1 11 5	
worl	done during most	of working life, even if retired)	IOB. KINL	INDUSTRY	11. BIRTHPLACE (State or forei	(n country) 12	WHAT COUNTRY	
	Non				Baltimore, Mary	land		
13	FATHER'S	NAME	1 7 7		14. MOTHER'S MAIDEN NAM			
	Edward C	harles Pfannl	kuchen		Dorothy Anna Kowe	-lei		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DECC 414	
(Ye	s, no or unknown)	(If yes, give war or date	nf service)	SECURITY NO.			RESS 7/1	
	18. 7 /				EDW. PFANNKU	CHEN S.	LUZEBNE	
RTIFICATION	heart failu injury or DISEASES RISE TO T	not mean the mode of re, asthenia, etc. It mean complication which of anticological complication which of anticological complication which conditions, in the above cause (A) ying condition La	ns the disease aused death ES FANY, GIVING TI	(B)	phyxiz ematurity			
CE	TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT USEASE OF CONDITION OF OPERATION   1	NOT RELATI	ED	MATION			
A							YES NO	
EDICAL	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in pr LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give e involved to the property of the propert							
Σ	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY O	CCUR?		
	FINJURY		m.	WHILE AT NOT WHILE AT WORK				
	22. I hereb	y certify that I att	ended the	deceased from and that death occur	7/17/, 1951, to red at 12:25mM from the	7/18/ , 19 5] t	hat I last saw the	
	23A. SIGNAT		, 10,		3B. ADDRESS	lances and on the	23c. DATE SIGNED	
	//	11.0. 7	-12	Oder M. D.	1100 N. Caroline S		7/18/51	
12	AA. BURIAL, CON, REMOVAL (S VRIAL) ATE RECEIVED	D BY REGISTRARY	1951	PIRST UNIT		ATION (City, town, or	county) (State)	
L	UL 1.91	951 Luntary	42- 14HU	and Male	Wellrich Dunes	I Am	Orleans for	
	VC 150		The way we to					



	510				5-	1 6344			
1	6344 RTH NO.	4	CERTIFICATI		Registered No				
1.	NAME OF D	ECEASED			2. DATE				
(T	'ype or Print)	PETE	8T. KNAPP	2	OF DEATH	7-5-/			
Α.		EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	before admission)			
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution, give street address or location)		OHLTINGOUTSIDE CORPORATE LIMITS.	Write RURAL and give			
IN	ISTITUTION	M===	110-0		el	township)			
-		ICACI	/ // // Yrs.	D. STREET ADDRESS (If S	ural, give location)	206			
K	ength of s	tay in Baltimore	JZ Mos.	703 MUR	part P	1			
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H Un				
	M	w	MARKIED (Specify)	AMEI 11899	last birthday) Mont	hs Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   1;	2. CITIZEN OF			
-		296/061	CIPIL ENGINEER	MA	A VIEW BOOK	WHAT COUNTRY			
13	FATHER'S	AME	778	14. MOTHER'S MAIDEN NA	ME				
	PET.	ER KNA	10	AnnA 1	0.6/				
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?   16. SOCIAL	17. INFORMANT	ADD	DRESS			
	NOT KA	ow 17	NOTKNOWIZ	HOS P KZ	copps				
	18. 42	0.1.	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEAS	E OR CONDITION				ONSET AND DEATH			
	(This does	not mean the mode	f dying, e.g., (A) Back	TE MYOCAT	119/	CARROWA			
		re, asthenia, etc. It mea complication which c	aused death.) DUE TO	a e tros					
	ANTECEDENT CAUSES								
Z	DISEASES	S OR CONDITIONS, II	(B)	***************************************	***************************************				
TIO	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO						
<	ONDERLI	THE CONDITION LA	(C)		*******************************				
IFIC		11							
RTI		IGNIFICANT CONDI							
CE		TO THE DEATH, BUT ISEASE OR CONDITION							
4	19A. DATE O	F OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
CA		7	218. PLACE OF INJURY (e. g., in	n or   21C. WHERE DID (If	in Baltimore City, giv	YES NO L			
MEDI		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, farm, factory, street, office bldg., e		in Baitimore City, giv	e exact location)			
~	210. TIME (	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?				
K	III SORT		m. WHILE AT NOT WHILE						
	22. I hereb	u certifu that I att	ended the deceased from 2/	195/to 7	- 17, 195/,	that I last saw the			
H		live on 2-17							
	23A. SIGNAT		· · · · · · · · · · · · · · · · · · ·	3B. ADDRESS		23c. DATE SIGNED			
	C. K	· Orelan	M. D.	Mercy How	/	7-18-51			
TIC	N. REMOVAL (S	Decify) L. J. 10	24C. NAME OF CEMETE	RY OR CREMAPORY 240. LO	CATION (City, town, or	county) (State)			
1	SURIAL	17011 10	1751 PARKWOOD	ITAR	KVILLE,	NO.			
LC	CAL REGIST	RAP REGISTRAF	m/ / Ithanis, Mas	25. FUNERAL DIRECTOR	to C. DOST	DDRESS			
4	11 1 9 19	51 4		H.M. JENKINZ & 70	45 CO. 4408	YOKK KD			
3	VS 150		a market to		0				
1					9	40			



### CERTIFICATE CORRECTED.

BALTIMORE CITY HEALTH DEPARTMENT

6345

Registered No. CERTIFICATE OF DEATH

BI	RTH NO.								
1. (T	NAME OF D ype or Print)		en Gro	nebery G	rone	hera		DATE OF T	36 3053
B.		EATH: City, Maryland OF (If not in hospit	al or institutio	on, give street add		A. USUAL RESI A. STATE Maryl C. CITY OR TOV	and  (If outside	B. COUNTY	y 16, 1951 If institution: residence before admission) its, world RURAL and give township)
	00	1301 Park	Ave.		Yrs.	Balti	MOTE RESS (If rural,	give location)	00
d	ngth of s	tay in Baltimore			Mos. Days		ake Mont		Drive
	F.	6. COLOR OR RACE	Sing			July 17	. 1855	AGE (In years ast birthday)	if Under 1 Year If Under 24 Hours fonths Days Hours Min.
ori	House	CUPATION (Give kind of polyworking life, even if retired)	At I	of Business of Indu	OR ISTRY	Baltim	ore	country)	12. CITIZEN OF WHAT COUNTRY!
13	FATHER'S			United States	4.75	14. MOTHER'S	MAIDEN NAME		
15	August WAS DECEASE	Groneberg	D FORCES?	16. SOCIAL			e Happel		
Ye	NO or unknown)	(If yes, give war or date	s of service)	SECURITY	NO.	Mr. Roth		lto. Na	address  t. Bank
ERIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication of the complication of the coath, but disease or condition	TH  of dying, e.g., uns the disease caused death.  SES  F ANY, GIVING STATING THE AST.  ITIONS CON NOT RELATED	(B) DUE TO	gu Th	gester acard trui -	etiz	≯ Jul	Sreedwel
1				FINDINGS OF	OPER	ATION			20. AUTOPSY?
MEDICA	21D. TIME INJURY 22. I hereb deceased at 23A. SIGNA	11/1/14	about home, far  (Hour)   2  m.   w  tended the c  1957. a	work At deceased from and that death	CURRI WHILE WAK Occur	ED 21F. HOW D	SS, to July och min, from the co	CUR?	T, that I last saw the the date stated above    23c. DATE SIGNED   2-/2 CT, n, or county) (State)
	Buria		/	Baltimon		Cemetery	Balti	more Ma	ryland
	ATE RECEIVE DCAL REGIST		S SIGNATUR	bliance Min	1	Chas F.	Evans &	SON	ADDRESS
	VS 150	S. C. S. State S.	40%	de la lighten sec		118 W.	MT ROYA	011	93)

Dr. Woody 1403 Park Ave.

17.0				
100	BALTIMORE CITY HI	EALTH DEPARTMENT	51	0040
51 6346 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	6346
I. NAME OF DECEASED (Type or Print)	Harrison	Hobbs	2. DATE OF JULY	16,1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins	stitution : residence before admission
B. FULL NAME OF (If not in hospital or i HOSPITAL OR	nstitution give street address or location)		outside corporate limits, v	
INSTITUTION MOTIVIANA Gen	Eral Hospital			township
ength of stay in Baltimore Li:	fetime Yrs. Mos.	o STREET ADDRESS (III	rural, give location)	11-03
5. SEX 6. COLOR OR RACE 7. S	Days INGLE, MARRIED. //IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year H Under 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ROB work done during most of working life, even if retired)	Widower KIND OF BUSINESS OR	May 20 1800	oreign country)	2. CITIZEN OF
Do o de la mode	ataurant industry perator	Maryland		WHAT COUNTRY
13. FATHER'S NAME	CIBROI	14. MOTHER'S MAIDEN N.	AME	I.D. A.
Joseph Hobbs		Sarah Katherin	e Twill	
15. WAS DECEASED EVER IN U. S. ARMED FORG	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		PRESS
No.		Joseph C. Mat	tingley	International Section
DISEASE OR CONDITION DIRE		OF DEATH	7.	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying		orondru	Discase	
heart fallure, asthenla, etc. It means the lnjury or complication which caused	disease.		**************************************	***************************************
ANTECEDENT CAUSES	4			
DISEASES OR CONDITIONS, IF ANY	(B)	***************************************	***************************************	***************************************
RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
<u> </u>	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT I	RELATED			
19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
A L				YES NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	B. PLACE OF INJURY (e. g., ii home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
2 1D. TIME (Month) (Day) (Year) (Hour INJURY	21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	BULLEY!
22. I certify that I took charge of		bove, held an Iys	pection.	thereon and from
the evidence obtained by said and death in my opinion resul	Autopsy, Inspection or I	nquiry, find that said de	Inspection or Inquiry eccased died on the	day stated above.
23A. SIGNATURE H. Kan	241m 21 . 9.	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER 23c. I	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
Burial 2-20-51	New Cathed			yland
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25 FUNERAL DIRECTOR	A A	DDRESS
111 1 9 1951   Tunking	/ Inwants, My	ChAS 10	PUBNS	JON
V S 151	A 9	1061/118 W	MT. KOYAL	guatia.

VS 150

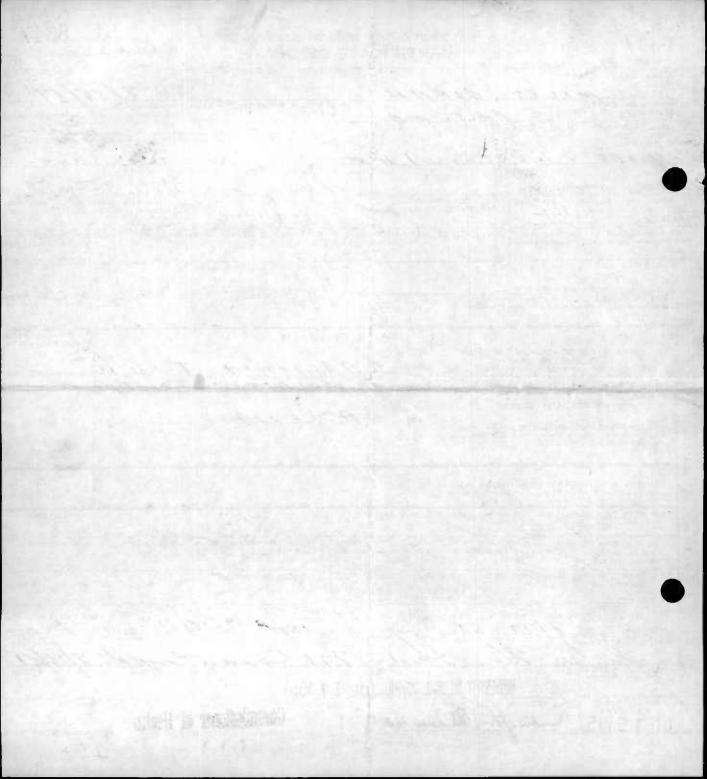
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

45F

I. NAME OF DECEASED 2 DATE (Type or Print) OF BORAN 3. PLACE OF DEATH DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Maryland
(If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) B. FULL NAME OF maryo HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 180005 ONVALESENT HOME O. STREET ADDRESS Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days prino 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years | | Under | Ver | | | Under 24 Hours | last birthday) | Months Days | Hours | Min. 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) Epr 2 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1/1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Uspervare cuperous 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CARCINOMA TONSIL heart failure, asthenia, etc. It means the disease. C METASTASIS TO TRACAT injury or complication which caused death.) ANTECEDENT CAUSES CACKEXIA RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL YES U 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 1940 . 1957, that I last saw the 19 ,to\_ deceased alive on\_ 17. 19. I and that death occurred at 12:30 Th., from the courses and on the date stated above 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED 4/M.O. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. CCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

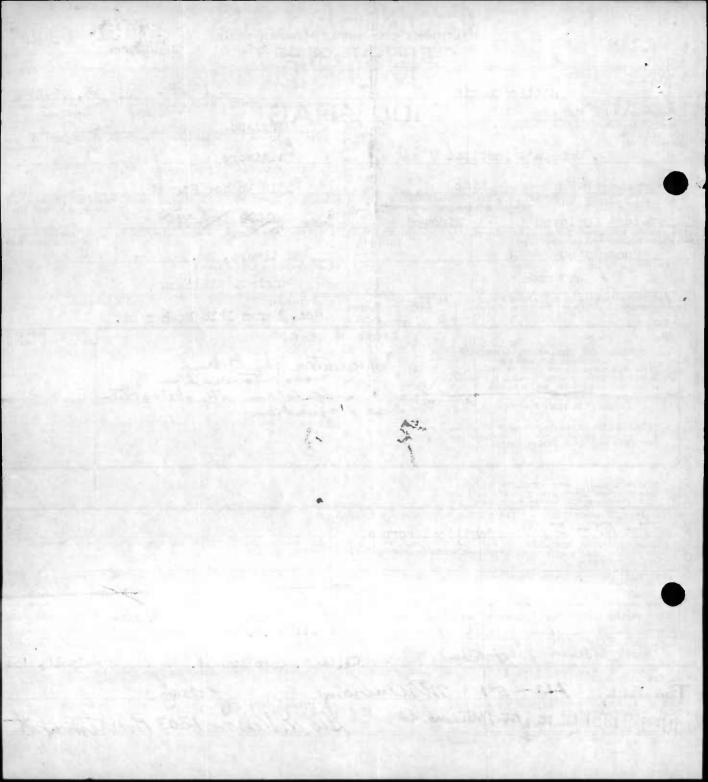
できる 一方の 一方の できる



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51
Registered No. 6348

1. NAME (Type or P	OF DECEASED rint)	Corbin			2. DATE OF DEATH .Tijl	v 18. 1951
	OF DEATH: ore City, Maryland	- (A) OIII	derina.	4. USUAL RESIDENCE		
B. FULL N	AME OF (If not in hospit	al or institution	on, give street address or location)	Maryland c. CITY OR TOWN (	If outside corporate/limi	ts, write REMAL and give
INSTITUT	St. Joseph's	Hospita	1	Baltimore	16	township)
			Yrs.	D. STREET ADDRESS (	f rural, give location)	
ngth 5. SEX	of stay in Baltimore	Life	Days . MARRIED.	1318 Mosh		If Under 1 Year   If Under 24 Hours
Fema		WIDOWI	ED, DIVORCED (Specify)	June 7 1894	last birthday) M	onths Days Hours Min.
JOA. USUA	LOCCUPATION (Give kind of ag most of working life, even if retired)	108. KIND	idowed  OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF
	Unemployed		INDUSTRY	Baltimore.	Md.	US A
13. FATHE	R'S NAME Wm Mason			14. MOTHER'S MAIDEN I	NAME	
15 WAS DE	CEASED EVER IN U. S. ARME	n rongres I	16. SOCIAL	Harriett V	Villiams	
(Yes, no or uni	(If yes, give war or date	os of service)	SECURITY NO.	17. INFORMANT	18 Mosher St.	DDRESS
18.	153 2		none	OF DEATH	To Montion Off	INTERVAL BETWEEN
/	ISEASE OR CONDITION		2		0	DNSET AND DEATH
(Thi	LEADING TO DEA's does not mean the mode of tailure, asthenia, etc. It mes	of dying, e.g.	· (v) fost of	entry thouse	bend	
	ry or complication which				The obstructs	
_	ANTECEDENT CAUS	SES	+ fecul of	tequestion.		
	EASES OR CONDITIONS, I					
O UNE	DERLYING CONDITION LA	AST.	(C)			
ii.	11					
	ER SIGNIFICANT CONDI					
U TO	HE DISEASE OR CONDITION	CAUSING IT	FINDINGS OF OPER	ATION		20. AUTOPSY?
	-17-51		ical hernia			YES X ND
LYING	CCIDENT WAS UNDER- OR CONTRIBUTING DE OF DEATH	218. PLA	CE OF INJURY (e. g., in irm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TI	ME (Month) (Day) (Year, URY	w	HILE AT NOT WHILE	ED 21F. HOW DID INJUI	RY OCCUR?	
22. I I	hereby eertify that I att			30/ 1951/to	7/18/.195	L, that I last saw the
deceas	sed alive on 7/18		and that death occur	red all: 351 M. from		
	of Hours 1	uisku	-3	38. ADDRESS		23C. DATE SIGNED
24A. BUR	IAL, CREMA- 248. DATE VAL (Specify)	7/	4c. NAME OF CEMETE	NOO N Caroline	LOCATION (City, town	n, or county) (State)
DATE REC	EIVED BY   REGISTRAR	5 SIGNATUI	MM aubre	25 FUNERAL DIRECTOR	ma	ADDRESS
LOCAL RE	91951 1	m Millio	www.Mag 5	Suo 1. Kelson	1 /303 Pre	1 . 1
VS I	50	And the state of the state of the	· 100 · 100			46E
						1

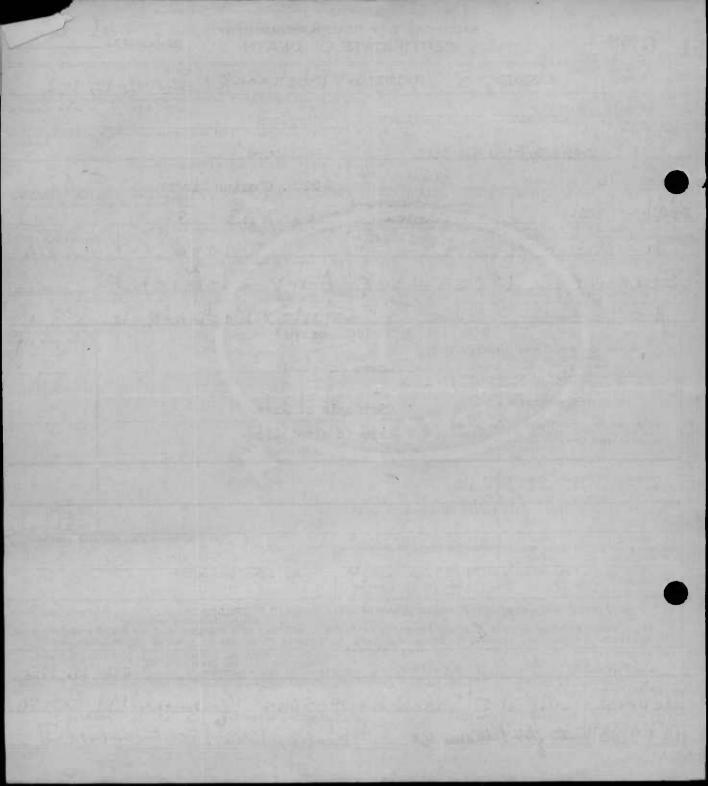


B-252
1 6349 EIRTH NO.
I. NAME OF OECEASED

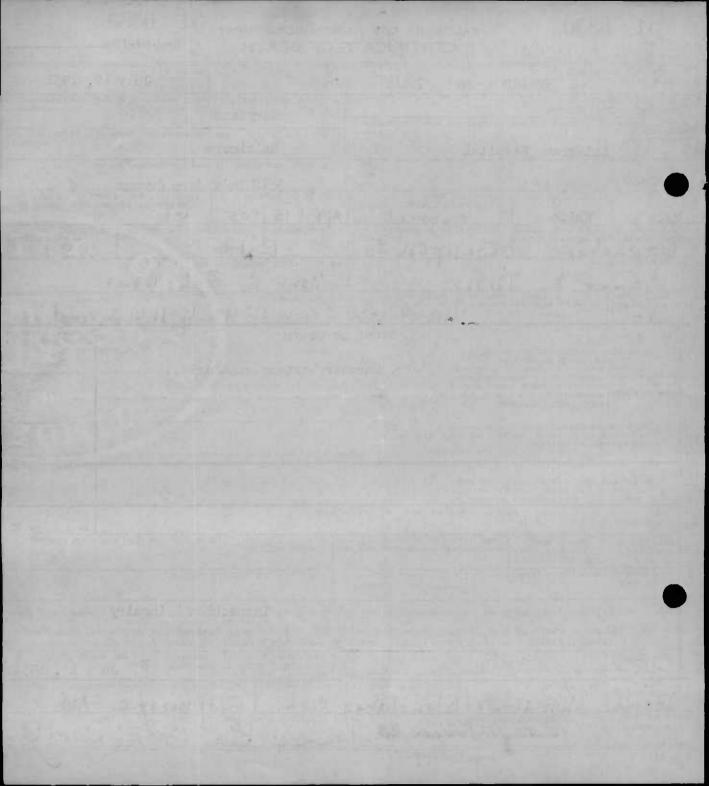
## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 2. OATE ochenek (Type or Print) CASTMER OEATH July 17 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3 PLACE OF DEATH A Baltimore City, Maryland B. COUNTY before admission) Maryland B FILL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Johns Hopkins Hospital Baltimore Vra D. STREET ADDRESS (If rural give location) Mos. ngth of stay in Baltimore Days Street Chester I. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) White Nidowe USUAL OCCUPATION (Give kind of) (State or foreign country) 108 KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY vork denseluring most of working life, even if retired) INDUSTRY Maker hose 13 FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS (Yes, no or unkoowo) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ...Lobar oneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) musika ANTECEDENT CAUSES Cirrhosis of liver RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO chronic alcoholism UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide . homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. OATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR . 24A. BURIAL. CREMA-24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) eart DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DERECTOR

V S 151



CERTIFICATION CERTIFICATION	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) EDWARD N. TULLY	2. DATE OF July 17, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION  Turbaneous II and to I	
Lutheran Hospital Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	3512 Belvedere Avenue 27-/8
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Vear I Under 24 Hours I last birthday) Months; Days Hours Min.
Male White Marned 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	APril 15 1905 46
work done during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E Tully	Marr E. Schlener
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No - 313-09-4535	t Gertrude Heady 1641 Covinction St
18. 420.1 1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
heart failure, asthenia, ctc. It means the disease.	nary artery sclerosis
injury or complication which eaused death.) DUE TO	and the same of the same of the same of
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  U 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?
Harman Market Control of the Control	YES NO X
218. PLACE OF INJURY (e.g., in underlying  OR CONTRIB. about home, farm, factory, street, office bldg., of uning  Cause of DEATH.	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
m.   WORK AT WORK	
	above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day stated above s ☑, accident □, suicide □, homicide □, undetermined □.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 2 23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	LD. MEDICAL INVESTIGATOR
TION REMOVAL (Specify) July 21-51 6 Len Have	. C. CI.D AND
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR " ADDRESS
hustington / Whiames And	Dood Bus. 1800 E. to mbard St
V S 151	9110
322	254

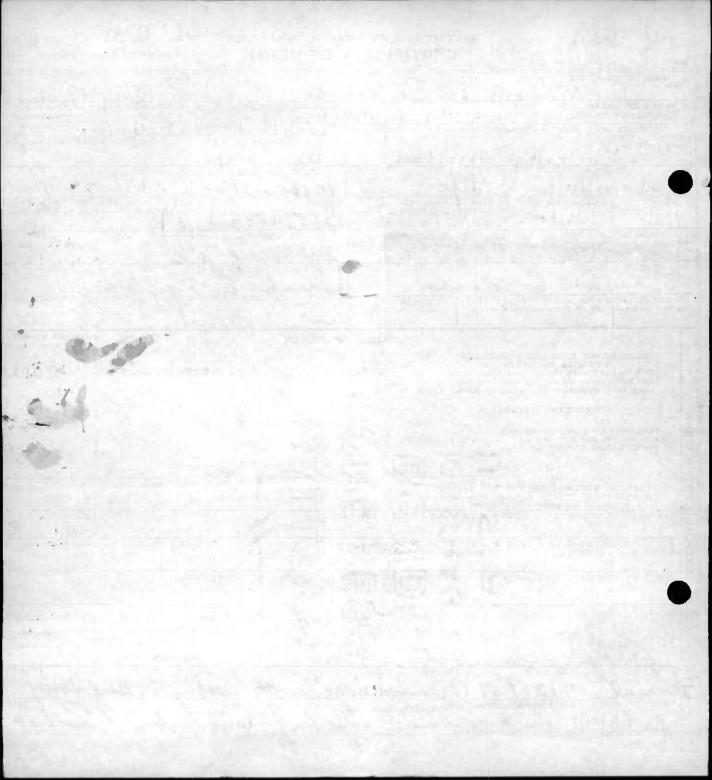


51	63	351

#### BALTIMORE CITY HEALTH DEPARTMENT 51 6351 CERTIFICATE OF DEATH

alla.	000	J.
Re	ristered N	lo.

BI	RTH NO.	3- 9 8 0					*
	NAME OF D ype or Print)	Willia	mE	. Benson	n Sr.	2. DATE OF DEATH JULY	19 1951
	Baltimore C		Inivers	ity Hospital	4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	titution, residence before admission)
H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	
IN	STITUTION	University	Hos	pital	Baltimor	_	township)
	0		4.	Yrs. Mos.		rural, give location)	> 4- 10 A
5.	sex	tay in Baltimore 6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH		let 1 Year   If Under 24 Hours
	Male	White	Wido		10 5 1889	last birthday) Month	Days Hours Min.
work	done doping most o	CUPATION (Give kind of worklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) . 12	CITIZEN OF
13	FATHER'S N		- Kea	DC 60.	14. MOTHER'S MAIDEN N	AME	43.14.
	6 ha	rles 6.	Ben	son	Sarah E.	Naylor	
(Yes	, mo or unknown)	D EVER IN U; S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	18. 4	2		CAUSE	OF DEATH	ucian	INTERVAL BETWEEN
	DISEAS	E OR CONDITION		1	10	1939	ONSET AND DEATH
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	(A) Coro	mary 7 fr	ombosis.	2 hrs
	injury or	complication which		.) DUE TO	0		1
Z		ANTECEDENT CAUS		(B)	***************************************		***************************************
ATION	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING TH	E DUE TO			
RTIFICA				(C)			
RTI		II IGNIFICANT COND					
CE	TO THE D	TO THE DEATH, BUT	CAUSING I	r			
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., in		f in Baltimore City, give	exact location)
A	21D TIME (	Month) (Day) (Year)	(Hour) I	1E. INJURY OCCURR	ED 21F, HOW DID INJURY	COCCUR?	
K	F INJURY	, (201)	TO LOCALIZATION OF THE PARTY OF	WORK NOT WHILE		000011	
h	22. I hereby	y certify that I att		22	ly 19, 1951, to 43	m July 19, 195/t	hat I last saw the
	deceased al	ive on July 19		and that death occur	reOut 4:20 m., from the	he chuses and on the	date stated above.
	23A. SIGNAT	Kenned	In DE	Eigton M. D. 1	Ineversity	Hospital "	D-19-5
24 TI	A. BURIAL, C	REMA- 24B, DATE	11 12	44. NAME OF CEMETE	RY OR CREMATORY 246. L	OCATION (City, town, or	county) (State)
7	Surval	D BY REGISTRAN	5/	Meadown	GE FUNERAL PURECTOR	shington of	DRESS CT
LC	CAL REGIST	RAR	A		John Cow	en son ?	Hollins
	VS 150			0			9,10
				6	903C		144

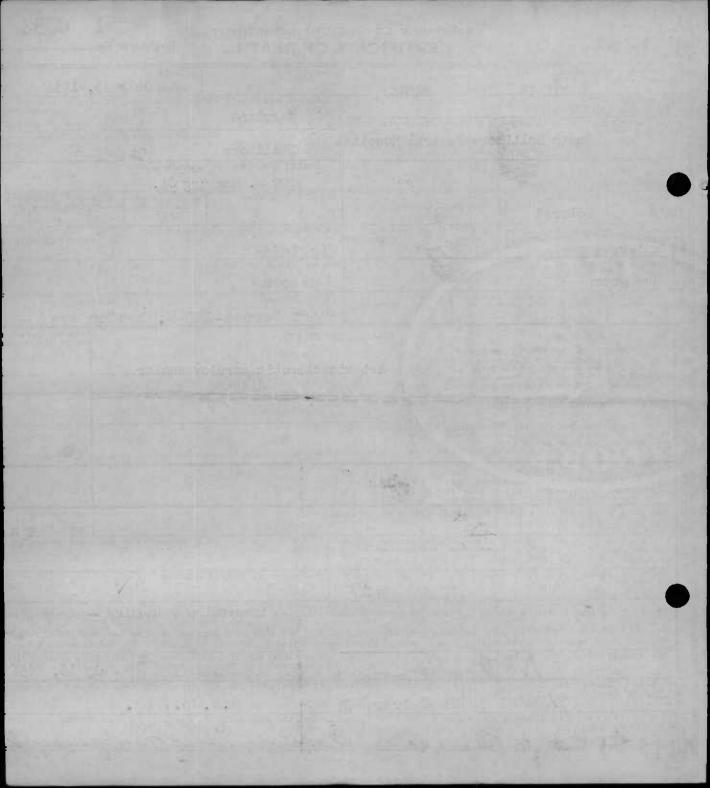


### BALTIMORE CITY HEALTH DEPARTMENT

R	ori	ete	red	N	0
100	- K	BUC	reu	7.4	V

В	IRTH NO.	m-655		CERTIFICATI	E OF DEA	ТН	Registered	No.	
1.	NAME OF D'ype or Print)		rick .	August Morma	ınn		2. DATE OF DEATH Jul	y 17,1	1951
	PLACE OF B	City, Maryland		Martin - I ANE	4. USUAL RESI	DENCE (W)	nere deceased lived. B. COUNTY	If institution	
э.	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location) wn Road	c. city or tow		outside corporate lin		
c.	ength of	stay in Baltimore		87 -Yrs. Mos. Days			ural, give location) rstown Ro	ad	27-18
5.	sex ale	6.COLOR OR RACE	MIDOM	E. MARRIED. /ED, DIVORCED (Specify)	S. DATE OF BIR	TH	9. AGE (In years last hirthday)		s Hours Min.
1 C	A. USUAL O	CCUPATION (Give kind of of working life, even If retired)		OF BUSINESS OR INDUSTRY	Md.			12. CITI WHA	ZEN OF AT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S	MAIDEN NA	ME		
		v Mormann			Anna Ma	atilda	Beck		-
	. WAS DECEAS	GED EVER IN U.S. ARMED (If yee, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		mann 5247	ADDRESS	tonatow
CAL CERTIFICATION	(This doe heart fail injury or	0	TH f dying, e. 1 ns the disease aused death SES  F ANY, GIVIN STATING TILEST.  TIONS COINT RELATING TO CAUSING 1988. MAJOR	NO.  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C		Och Och Och Och Och	in Baltimore City	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 yrs  O yrs  Autopsy?  No [
MEDI	HOMICIDE D. TIME INJURY	by contry that I att	(Hour) m.	and that death occur	ED 21F. HOW D	ID INJURY	occur?	5/, that I	last saw th
E	4A. BURTALON, REMOVAL (	7-20-19	51	Druid, Ridge	, 0	Pik	esville.	0	Md.
D	OCAL HEGE	94951	S ALAN LIN	Manya Man	25. FUNERAL D		3207 W.N	ADDRE.	

THE REPORT OF THE PERSON OF TH BURNEY PROPERTY SERVE WAY italian ( Proposition ) A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF



# CERTIFICATE OF DEATH

egistered 51 6354

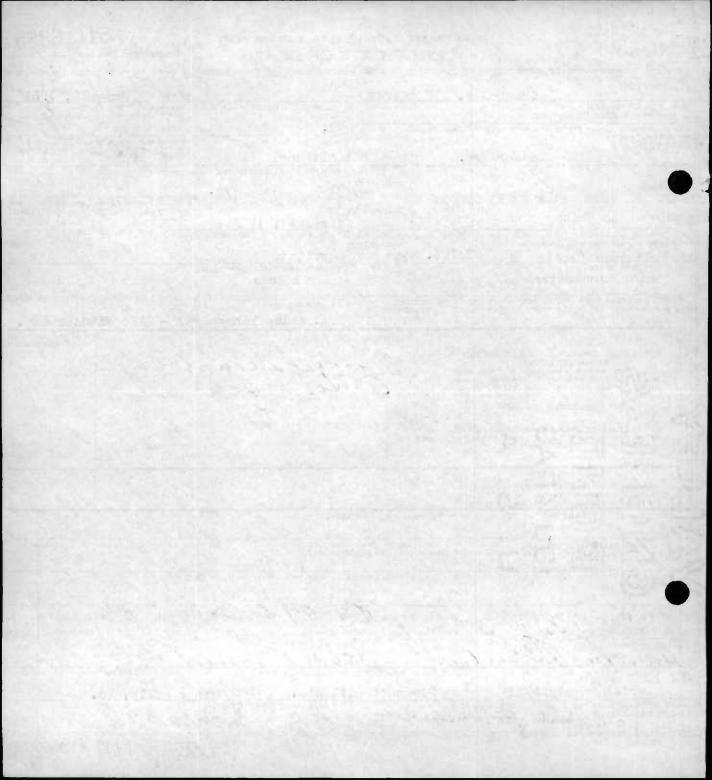
BIRTH NO.		CI	ERTIFICA	TE OF DEA	гн	Registered N	0.
1. NAME OF D (Type or Print)	Carri	e Harga	don			OF Jul	y 17/51
A. Baltimore	City, Maryland			4. USUAL RESI	DENCE (Where d		institution; residence
B. FULL NAME HOSPITAL OR		al or institution,	give street address	or Md.			before admission)
INSTITUTION	1830 Rams	av St.	locati	c. CITY OR TOW	N (If outside	corpor to minits	s. write LURAL and give township)
00			Yr		timore	19	township)
	tay in Baltimore		Mo Da	s. 1830	Ress (If rural, a	St.	
řemale	6. COLOR OR RACE	77.	ARRIED. DIVORCED (Spec	8. DATE OF BIRT	la	st hirthday) Mon	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		HOMENDUST	11. BIRTHPLACE		country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S M	AIDEN NAME		
	ine Kaiser			Sophie P	eters Ka	iser	
15. WAS DECEASI (Yes, no or unknown)	ED EVER IN U, S. ARMED (If yea, give war or dated	FORCES? 16	SECURITY NO	17. INFORMANT Eugene E.	Hargado	n.5023 I	Prederick A
DISEASES RISE TO T UNDERLY UNDERLY THE OTHER S THE TRIBUTING	not mean the mode of re, asthenia, etc. It mean complication which is an arrangement of the complication which is an arrangement of the complication which is a complication of the complication of the pearty of the pearty, but it is to the death, but it is a complication of the complica	ns the disease, aused death.)  ES  ANY, GIVING STATING THE ST.	OUE TO (B)  DUE TO (C)	dir Vas	mles	Lizas	23y3n
_			NDINGS OF OP	ERATION			20. AUTOPSY?
5							YES NO
LYING OF		about home, farm, f	OF INJURY (e. g actory, street, office bld	g, etc.) 21c. WHERE INJURY OCCI	DID (If in Ba	iltimore City, gi	ive exact location)
INJURY	Month) (Day) (Year)	(Hour) 21E. WHILE WOR		LE	D INJURY OCCU	JR?	
22 Lhereby	y certify that I atte			410	18/ to 7/	7 1951	, that I last saw the
deceased al	ive on 7/16		that death occ	1 1-18/4	4,		e date stated above.
23A SIGNAT	7. 7	tembe	W <sub>M.D.</sub>	23B. ADDRESS 721 Mus	halles	5 Pak	23c. DATE SIGNED
TION REMOVAL S	pecify) 24B. DATE		NAME OF CEME	TERY OR CREMATORY	Baltimo	re 29 Mi	or county) (State)
DATE RECEIVED	BY REGISTRAR'S	SIGNATURE	MAG E	25 FUNERAL DI	List .		ADDRESS Edmondson
VS 150		A PARTY OF STATE	100 100	7			

Charles and Market Assett 192 Tr vormat destri Table and Sec. 

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6355

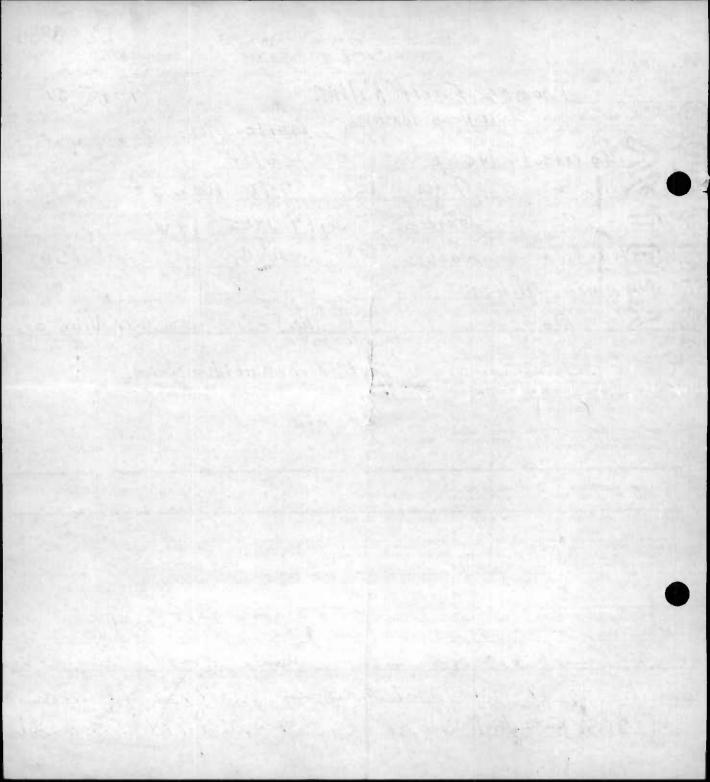
BU	0000			CERTIFICAT	E OF DEATH	Regis	tered No.		
	NAME OF D	FCFASED				Lo DATE			
	pe or Print)		of parta	T Tanauna A tem es		2. DATE OF	77	30 30	C 3
3.	PLACE OF D		KINO N.	LINEWEAVER	4. USUAL RESIDE	NCE (Where deceased		titution: resid	
		City, Maryland			A. STATE	B, COU		before adi	
	SPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address or location)		(Manuatin and	Name of the last o	01/1	
INS	NOITUTITE	07.07 1881 3	A		C. CITT OR TOWN	(If outside correr	are limits, w		and give wnship
	V	2103 Winds	or Ave.		Baltimore				
				Yrs. Mos.	D. STREET ADDRES		ition)		
-	ength of s	tay in Baltimore	L 7 CINICI S	Days	2103 Windsor				
	ale	white	WIDOW	MARRIED, ED, DJVORCED (Specify) Arried	April 17, 18		day) Month	of I Year It Under Bays Hour	er 24 Hours s Min.
10/	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St		)   12	. CITIZEN O	
		an (rtd)		lto. City	Maryland			WHAT COL	JNTRY
13.	FATHER'S N	IAME			14. MOTHER'S MAIL	DEN NAME			
	Peter	Lineweaver			Maria Coss				
15.	WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADD	RESS	
(Yes,	no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Mrs. Alice L	NAMA ATTO W			
1	18.				OF DEATH	Theweaver =	STOS WI	INTERVAL B	
CERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABDVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	of dying, e. gans the disease death caused death SES  FANY, GIVIN STATING THAST.  ITIONS CDN NOT RELATE	(B)		ckrosi	agl.		
4	19A. DATE O	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTO	PSY7
V-							-	YES	ND L
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,fectory,street,office bldg.,			e City, give	exact location	on)
	21D. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	NJURY OCCUR?			
	MASOKI		m, v	WORK NOT WHILE		0			
	22 I haush			1	01-0101 251	. M. C n 18	167	7 . 4 7 7 . 4	
		y certify that I att			19/,	60700075		hat I last s	
-	234. SIGNAT		10 1.	and that death occur	38. ADDRESS	from the causes ar		date stated	
	Unin	The SALI	iel.	0./	7 11	11:15	-	JC. DATE S	IGNED
24	A. BURIAL, (S	REMA- 24B. DATE	12	M. D. 1	RY OR CREMATORY!	24D. LOCATION (Ci	ty, town, or	county)	(State)
	Buria	1   7/21/5	1	Pleasant Hi	11 Cem.	Wings Mi	lls, Md	7.	
	TE RECEIVE		THE WALL	RE aus, My 5	25. FUNERAL DIRE	Bionetics	+ X	MO	
-	VS 150	*			1	Q #	M	16	,
					1/	1 1 1 1 1 7 7 1			100



## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) I nom AS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland UNII. HOSD A. STATE B. COUNTY before admission) (If not in hospital or institution give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate linits, while L and give INSTITUTION 4 township) Yrs. D. STREET ADDRESS (If Fural, give location Mos. ength of stay in Baltimore Days S. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Montha: Days | Hours: Min. MATRICA 1905 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY anstruction DA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or uoknowo) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arachwoid New LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Uremia ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ī RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 1957, to 7-15-, 1951, that I last saw the deceased alive on 7-14-1951, and that death occurred at 8 200 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Gunal DATE RECEIVED BY LOCAL REGISTRAR

VS 150



1	200			
		EALTH DEPARTMENT	51	6357
	IRTH NO.	E OF DEATH	Registered No	
(2	NAME OF DECEASED MRS. MAPIE C	MUTH	2. DATE OF DEATH 7-	9-57
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		tution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)		1 -0	-D1-
11	Mercy Hosto.	Rett	outside corporate limits wi	township)
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5	Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) If Under	Year   If Under 24 Hours
	F WIDOWED, DIVORCED (Specify	Oct. 25. 1886	last birthday) Months	
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	CIS.A.
	Etienne Cary	Faura	alaques	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	TO TA ADDR	ESS
_	18. Way	Kers-Charles	Mulh	
	DISEASE OR CONDITION DIRECTLY	OF DEATH 4312	Mamelin	INTERVAL BETWEEN
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lerd Vascular	Cecedant	6 days
	Injury or complication which caused death.) DUE TO			
z	ANTECEDENT CAUSES	ioseleratie	C. V.D.	>
OIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO			
ICA	(C)			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	10'1		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	melletis, pre	lovephritis	
4L	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE AT WORK			
4	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -, -, -,	7-19, 1951th	at I last saw the
		3B. ADDRESS		ate stated above.
24	A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETE	RY/PR CREMATORY   240. LO	CATION (City, town, or ed	unty) (State)
1	Sural Specify, July 23-195/ Cathedra	Ba	tto - mo	A (State)
D/ LC	TE RECEIVED BY REGISTRAR'S STENATURE	25. FUNERAL DIRECTOR	Cerman AD	DRESS
)	VS 150	5118 Shuy	moak a	ie 61

au to 31 Abray 1. · Marie Clarite Salada Salada ALL LANGE AND AND A SECOND SEC June 1 Town 1916 Catherinal Fresh The a) Homena 5119 Shayen Call Wire

6	35
4 BIRTH	6358

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 6358
Registered No.

BIRTH NO.					
1. NAME OF DECEASE (Type or Print)	DENNIE I	PRAYTON		2. DATE OF DEATH JUL	417,1951
3. PLACE OF DEATH: A. Baltimore City, Ma B. FULL NAME OF (I	061	3	A. STATE MARYLAND	Where deceased lived, If is B. COUNTY	institution: residence hefore admission)
HOSPITAL OR INSTITUTION	Baltimore 5.		BALTIMORE		write RURAL and give township)
c. Length of stay in E		Yrs. Mos. Days	11. 0	rural, give location) 4-+	
	WIDOW		s. date of Birth  Jan. 8-1898	9. AGE (In years last birthday) Mon	Under I Year Hours Hours Min.
10A. USUAL OCCUPATION OF CONTROL	ON (Give kind of OB. KIND Coven if retired)	INICHICECOM	11. BIRTHPLACE (State or for Bennetts vil	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unkown			14. MOTHER'S MAIDEN N. Unkown		V. S. A.
15. WAS DECEASED EVER I	N U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMATE JOHNS	Hopking-Heisphil	DDRESS
heart failure, asthen injury or complica  ANTECE  DISEASES OR COI RISE TO THE ABOVI UNDERLYING CO  OTHER SIGNIFICATION THE	n the mode of dying, e. g. ia, etc. It means the disease tion which caused death.  DENT CAUSES  NDITIONS, IF ANY, GIVIN, E. CAUSE (A) STATING TH NDITION LAST.  II  ANT CONDITIONS CON OEATH, BUT NOT RELATE! R. CONDITION CAUSING IT	(B) : Confi	ine failus	ency	
19A. DATE OF OPERA		FINDINGS OF OPERA	TION		20. AUTOPSY?
21a. ACCIDENT WA LYING OR CONTR CAUSE OF DEATH	S UNDER . 21B. PLA about home, for	CE OF INJURY (e. g., in earm, factory, street, office bldg., etc	or 21c. WHERE DID (I	f in Baltimore City, g	ive exact location)
D. TIME (Month)		HILE AT NOT WHILE WORK	21F. HOW DID INJURY	OCCUR?	
deceased alive on_	llughane	and that death occurr	ed at 12/2 m., from the line downs hopkins haltimore 5. M	he causes and on the	that I last saw the e date stated above.  23c. DATE SIGNED  7 (State)  (State)
Bunel	7-29-5	my Calvu	When I director	Cooperys	ADDRESS THE MY
VS 150	to for fill		- VOV	2011110	30)

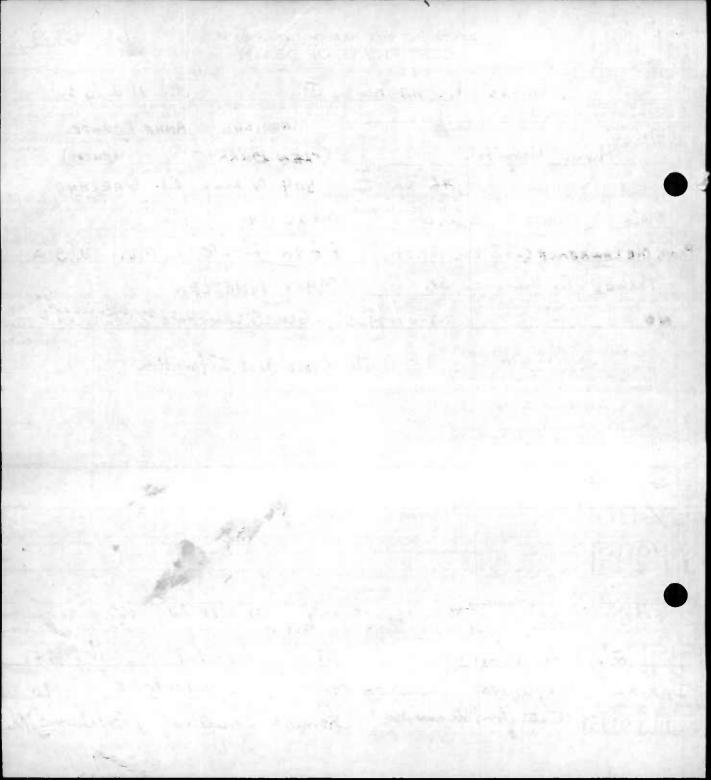
The sole will be STORE TO SHE WAS A We begin the THE ROOM AND REPORT OF THE PARTY. With the special states 7 20-5 34 6

652
51 6359 BIRTH NO.
1. NAME OF DECEAS

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 6359
Registered No.

1. NAME OF DECEASED Thomas R. Waleren	IR. 2. DATE OF DEATH 18 July 5 1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Mercy Hospital	GLEN BURNIE (RURAL) township)
ength of stay in Baltimore	D. STREET ADDRESS (If rural, give location)  309 Orchard Rd. GARLAND
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   M Under 1 Year   M Under 24 Hours
MALE WHITE MARK. W	Oct 26 1896 Substituted Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of uprk done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ROP. THE LAWAENCE CO STEEL TORGING	14. MOTHER'S MAIDEN NAME
Thomas R. Lawrence SR.	MARY WHEELER
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no pr unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT
217-07-2946	MRS. GRACE C. LAWRENCE GLENBURNIE MD.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Myocardial Infarction
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)	190000000
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
WINDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., ir	RATION 20. AUTOPSY?
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, ferm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 17	
	rred at 655 Am., from the causes and on the date stated above.
L. Dale Simmon M.D.	Mercy Hospital 18 July 57
BURIAL JULY 21, 1951 LOUDON	
DATE RECEIVED BY I DECICEDARIC CICHATURE	25 JUNERAL DIRECTOR ADDRESS . 4
LOCAL REGISTRAR	Komes W. Lingston, How Burne Ml
VS 150	0.10
2903	7400



Or Fisher					
topo maoniino oon oo		EALTH DEPARTMENT E OF DEATH	Registered No.	6360	
BIRTH-NO.	CERTIFICATI	E OF DEATH	registered No.		
1. NAME OF DECEASED (Type or Print)  Howard	T. Hough		OF July	17,1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI			
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	on, give street address or location)	Maryland			
3109 Rosekemp	Avenue	c. CITY OR TOWN (If outside corporate limit, write RURAL and give Baltimore			
ength of stay in Baltimore	Yrs. Mos. Days	3109 Rosekemp			
male white mar	MARRIED, ED, DIVORCED (Specify) ried	3. DATE OF BIRTH  July 19, 1879  9. AGE (in years last birthday)  Nonths: Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Charlestown, W		CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME		
George Hough		Susan Poston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or woknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Margaret H	ADDI		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B) And (C)	give for 1	y n	4 days	
U TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. 21B. PLAC about home, fer	FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg., etc.)  21C. WHERE DID (If in Baltimore City, give ex INJURY OCCUR?)					
21D. TIME (Month) (Day) (Year) (Hour) 2 FINJURY m.	ED 21F, HOW DID INJURY	OCCUR?			
22. I hereby certify that I attended the a deceased alive on Kul 17, 1951. a	nd that death occur	/ //	courses and on the	hat I last saw the date stated above.  3C. DATE SIGNED  7//8/5/	
24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) Burial 7-20-51	4c. NAME OF CEMETER Parkwood		timore, Mary		
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR SIGNATURE LOCAL REGISTRAR'S SIGNATURE	111 - 11	Leonard J. Ruck		ord Road	

940

1	To Br	COUMTI	ERSI	GNED BY M	EPICAL 3	Kann	NER	
	1111			ALTIMORE CITY HE			51	6361
D	710	6361		CERTIFICATI	E OF DEAT	Н	Registered 2	No.
1.	NAME OF DE						2. DATE	
	Type or Print)		Paul	Milburn			OF July	17, 1951
	Baltimore C	ity, Maryland			4. USUAL RESID	ENCE (Wh	ere deceased lived. If	institution : residence before admission
B. H	FULL NAME C	OF (If not in hospit	al or instit	ution, give street address or location)		land		25
	NSTITUTION	3308 West	field		c. CITY OR TOWN	imore		write RUAAL and giv township
		3000 West	11010	Yrs.	D. STREET ADDRI			
	ength of st	ay in Baltimore		Mos. Days	3308 West	field	Avenue	
	nale	6. COLOR OR RACE White	WIDO	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH July 12,		9. AGE (In years last birthday) Mo	Il Under 1 Year H Under 24 Hours on the Daya Hours Min.
10	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIN	ID OF BUSINESS OR	11. BIRTHPLACE		eign country)	12. CITIZEN OF
Bu	ill Stea	mship Co	0	lerk	St. Mary	s Co,	Maryland	WHAT COUNTRY
1.3	3. FATHER'S N				14. MOTHER'S MA	IDEN NAM	ME	
-	Nelson				Gertrude	Hewet	t	
(Ye	ou, no or uokoowo)	O EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO. 212-09-6587	Mrs. Ruth	C. M		OS Westfiel
ERTIFICATION	(This does heart failure injury or conjury o	E OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IT E ABOVE CAUSE (A) NG CONDITION LA	TH  of dying, e.  ons the diser  caused dear  SES  F ANY, GIV	s., (A)	CERTIFICA	TION APP	ROVED BY	THE / HOOR
F	OTHER SIGNIFICANT CONDITIONS CON-				CHIEF OR ASS	T. MEDICAL	EXAMINER D.	
	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	TED MANY		JA:	EXAMINER.	
C				R FINDINGS OF OPER	ATION			20. AUTOPSY?
DICAL			1					YES NO
MEDI	LYING OR	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e. g., io or land) 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?						
	21D. TIME ()	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY	OCCUR?	
	m. WHILE AT NOT WHILE AT WORK							
		22. I hereby certify that I attended the deceased from 17 July, 1951, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 1130n., from the causes and on the date stated above						
	23A. SIGNATU	JRE 7	1		3B. ADDRESS		d (in	23C. DATE SIGNED
2	4A. BURIAL, CF	REMA- 248. DATE	ocition.	M. O.	) OU CREMATORY	240 100	CATION (City, town,	or county) (State)
	on REMOVAL (Sp Burial		1	Moreland Me			timore, M	(=====
	ATE RECEIVED	BY   REGISTRAR			25. FUNERAL DIR		200	ADDRESS
	DCAL REGISTR	51 4	L 16/1		Leonard J.	Ruck	5305 Ha	rford Road.
7	VS 150	JI work of	77/14	Tables // State				
			water to be	3905	5			44a

SEEN BY DR. SWEENEY AS YACK YOU RELIEF FOR PR. SAWYER (PTS. RESOLAR PHYSICIAM).

525 51 6362 BIRTH NO.	CERTIFIC	TY HEALTH DEPARTMENT CATE OF DEATH	51 Registered No	6362
1. NAME OF DECEASED (Type or Print)	TER JOHNS	No	2. OATE OF	12.0
3. PLACE OF DEATH: A. Baltimore City, Mary B. FULL NAME OF (If n		4. USUAL RESIDENCE (WI		ition : residence before admission
HOSPITAL OR INSTITUTION			outside corporate limits, writ	e RURAL and give township
ngth of stay in Bal	timore	Yrs. D. STREET ADDRESS (If r Mos. Days	ural, give location)	0.0
5. SEX 6. COLOR	WIDOWED, DIVORCED	(Specify) May 7, 1878	9. AGE (In years     Under   last birthday)   Months	Year H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION work dooe during most of working life, e  13. FATHER'S NAME		OR USTRY 11. BIRTHPLACE (State or for USTRY 14. MOTHER'S MAIOEN NA	mel. "	VHAT COUNTRY
Jeorge 15. WAS DECEASED EVER IN	JOhnson  J. S. ARMED FORCES?   16. SOCIAL	unhuoron	Tracy	
(Yes, oo or ookoowo) (If yes, glv	e war or dates of service) SECURITY	NO. 17. INFORMANT	uly. mount	on med.
(Inis does not mean				
ANTECEDE  O DISEASES OR COND RISE TO THE ABOVE C UNDERLYING COND UNDERLYING COND OTHER SIGNIFICAN TRIBUTING TO THE DE	the mode of dying, e.g., etc. It means the disease, n which caused death.)  CAT CAUSES  ITIONS, IF ANY, GIVING AUSE (A) STATING THE DITION LAST.  (C)  IT CONDITIONS CONCATH, BUT NOT RELATED CONDITION CAUSING IT.	ndira becr	Mant gisso	re_
DISEASES OR COND RISE TO THE ABOVE OF UNDERLYING COND OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR OTHER SIGNIFICAN TRIBUTING TO THE DESTANDANT OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF C	IT CONDITIONS CON- CONDITION CAUSING IT.  IT CONDITION CAUSING IT.	(o. g., in or   21c. WHERE DI) (If	MALL	20. AUTOPSY? YES NO Lact location)
DISEASES OR CONDICATION  OF UNDERLYING CONDUCTOR  OTHER SIGNIFICAN  TRIBUTING TO THE DE  TO THE DISEASE OR CONDUCTOR  OTHER SIGNIFICAN  TRIBUTING TO THE DE  TO THE DISEASE OR CONDUCTOR  19A. OATE OF OPERAT	etc. It means the disease, n which caused death.)  INT CAUSES  ITIONS, IF ANY, GIVING DUE TO DITION LAST.  (C)  IT CONDITIONS CON- ATH. BUT NOT RELATED CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF DUE TO DITION CAUSING IT.  ON 21B. PLACE OF INJURY OF DUE TO DITION CAUSING IT.  DITION ADDITIONS OF DUE TO DITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF DUE TO DITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF DUE TO DITION CAUSING IT.  WHILE AT NO.	(e.g., in or 21c. WHERE DIN (If ice bldg., etc.) INJURY OCCUR?	in Baltinure City, give ex	YES NO
DISEASES OR COND RISE TO THE ABOVE O UNDERLYING CONE  OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR O  19A. OATE OF OPERAT  21A. ACCIDENT WAS I LYING OR CONTRIB CAUSE OF DEATH  21D. TIME (Month) (DI TIMEY)  22. I hereby certify to	IT CONDITIONS CON- ATH, BUT NOT RELATED CONDITION CAUSING IT,  ON 19B. MAJOR FINDINGS OF  JUDER.  UTING 21B. PLACE OF INJURY about home, farm, vactory, street, off  m. WHILE AT NOT WORK AT NOT AT A that I attended the deceased from  19	(e.g., in or control of the block, etc.)  CCURRED 21f. HOW DID INJURY  T WHILE 19, to  occurred at 19, to  123B. ADDRESS	in Baltinure City, give exoccur?  19—, that is eauses and on the data	YES NO LE sact location)
DISEASES OR CONDING THE ABOVE OF UNDERLYING CONDING THE DESCRIPTION OF	IT CONDITIONS CON- ATH, BUT NOT RELATED CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF  JNDER. UTING 21B. PLACE OF INJURY about home, farm, vactory, street, off  work Not Related about home, farm, vactory, street, off  m. WHILE AT NOT WORK AT NOT ATH Attended the deceased from  19	(e.g., in or control of the block, etc.)  CCURRED 21F. HOW DID INJURY  TWHILE 19, to  occurred at 19, to  cocurred at 19, from the  23B. ADDRESS  D. CHARTON OF CREMATORY 21D. LOCAL OF CREMATORY 21D.	in Baltinure City, give exoccur?  19—, that is eauses and on the data	t I last saw the stated above.  DATE SIGNED
DISEASES OR CONDICATION REMOVAL (Specify)  LETU CONTROL OF CONTRIBUTION REMOVAL (Specify)  Injury or complication and injury or complication and injury or complication and injury or complete the contribution of the decased alive on the contribution of the contributi	etc. It means the disease, n which caused death.)  INT CAUSES  ITIONS, IF ANY, GIVING CAUSE (A) STATING THE DUE TO DITION LAST.  IT CONDITIONS CONSATH, BUT NOT RELATED CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF DUE TO CONDITION CAUSING IT.  ON 21B. PLACE OF INJURY OF CAUSE (A) CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF CONDITION CAUSING IT.  ON 19B. MAJOR FINDINGS OF CONDITION CAUSING IT.  About home, farm, actory, street, off work at I attended the deceased from that I attended the deceased from the condition of the	(e. g., in or linder of li	in Baltinure City, give exposed on the date causes and on the date causes. Cation (City, town, or couldness, and the couldness, and the causes are causes and on the causes are causes and on the causes are causes are causes and on the causes are causes are causes are causes and on the causes are caused are causes are caused are cause	t I last saw the stated above.  DATE SIGNED

DIPERMENT PRITURE 12-01-1 Parlant Plant - Per 6. 7 767 manual quality from 1212 THE PARTY OF THE PARTY OF per later and the state of the a figure a figure and the same of the same Comment of the second of the second of the second

51 6363	CERTIFICATE CORR	ECTED	MENT	5 <b>1</b> 6363
BIRTH NO. 51-11099				ed No
1. NAME OF DECEASED (Type or Print) CHARLES	BROASTER		2. DATE OF JU	ly 17, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit		A. STATE MATT	ENCE (Where deceased live	d. If institution : residence
HOSPITAL OR INSTITUTION PROVIDENT HOS	location	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos. Days	1006	Mosher St.	n)
Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH	1901 last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired)  None	108. KIND OF BUSINESS OR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  Egbert Broaster		14. MOTHER'S MA		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or dute	D FORCES?   16. SOCIAL	17. INFORMANT	Collins 549	ADDRESS W. Biddle St.
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which  ANTECEDENT CAUST OF THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UN	ATH of dying, e. g., ans the disease, eaused death.)  SES  (B)  STATING THE DUE TO  (C)	piration of v	omitus	
W TO THE DISEASE OR CONDITION		RATION		20. AUTOPSY?
Z1A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) OF INJURY	Нопе	RED 21F. HOW DID		ty, give exact location)
22. I certify that I took char the evidence obtained by	rge of the remains described said Autopsy, Inspection or resulted from: natural cause	above, held an	autopsy Autopsy, Inspection or Inquisaid deceased died or	the day stated above
24A. BURIAL, CREMA 244. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMET	A.D.   MEDICAL INV	ESTIGATOR	
Burial 7-20,1	951 Mt. Auburn	1 Cem 125. FUNERAL DIR	77771	ADDRESS St.
VS 151 N - 933 X	The state of the s	1 1 Dragation	ed Untherse	1950 V

Re	pist	ered	No.	

				L OI DLAIII		
(Type or Prin	EM	ILY	M. H	0.47	2. DATE OF DEATH	19-51
3. PLACE OF A. Baltimore	e City, Maryland	J		4. STATE	(Where deceased lived, If in B. COUNTY	hstitution: residence before admission)
B. FULL NAM	R	tal or institution	n, give street address or location)		(If outside corporate limits,	write RURAL and give
INSTITUTION	2100 Cut	ww .	Flace	Balter	more 14	- Q ? township)
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
s. sex	f stay in Baltimore	7 SINCHE	A Days	8. DATE OF BIRTH	aw /	Inder 1 Year   If Under 24 Hours
Emale	Whote	Luc	MARRIED, D, DIVORCED (Specify)	$-\Omega$	last birthday) Mon	the Days Hours Min.
	OCCUPATION (Give kind of ost of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. B/RTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13 PATHER	S NAME	1		14 MOTHER'S MAIDEN	NAMENI (10	1
T/Was DECE	SC STOY	UL .		Laura L.	march	
(Yes, no or unkno	ASED EVER IN U. S. APMEI	es of service)	16. SOCIAL SECURITY NO.	17 NFORMANT	AD	DRESS
18. L	IVRY	1	CALISE	OF DEATH	nco - 0	INTERVAL BETWEEN
DISE	EASE OR CONDITION		11	, —		ONSET AND DEATH
(This d	LEADING TO DEAT loss not mean the mode of ailure, asthenia, etc. It mea	of dying, e. g.,	(A)	yellende	CUU	54
injury	or complication which o	caused death.)	DUE TO			
	ANTECEDENT CAUS	SES	( )			
Z O DISEA	SES OR CONDITIONS, II	F ANY, GIVING	(B)			
UNDER	SES OR CONDITIONS, II O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE	DUE TO			
DISEAS RISE TO UNDER	THE ABOVE CAUSE (A)	STATING THE				
A DI DINDE	THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE	(C)			
OTHER TRIBUT TO THE	THE ABOVE CAUSE (A) RLYING CONDITION LA II SIGNIFICANT CONDI ING TO THE DEATH, BUT DISEASE OR CONDITION	STATING THE AST. TIONS CON- NOT RELATED I CAUSING IT.	DUE TO (C)			
OTHER TRIBUT TO THE	THE ABOVE CAUSE (A) RLYING CONDITION LA II SIGNIFICANT CONDI ING TO THE DEATH, BUT DISEASE OR CONDITION	STATING THE AST. TIONS CON- NOT RELATED I CAUSING IT.	DUE TO (C)			20. AUTOPSY?
OTHER TRIBUTE TO THE 19A. DATE	THE ABOVE CAUSE (A) RLYING CONDITION LA II SIGNIFICANT CONDI ING TO THE DEATH, BUT DISEASE OR CONDITION	STATING THE AST.  ITIONS CON- NOT RELATED I CAUSING IT.  9B. MAJOR F	DUE TO (C)	RATION	(If in Baltimore City, gi	20. AUTOPSY? YES NO
OTHER TRIBUT TO THE 19A. DATI	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OR CONTRIBUTING OF DEATH  (Month) (Day) (Year)	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F	CE OF INJURY (e.g., i	n or   21c. WHERE DID	(If in Baltimore City, gi	20. AUTOPSY? YES NO
OTHER TRIBUT TO THE 19A. DATE OF THE 19A	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OR CONTRIBUTING OF DEATH  (Month) (Day) (Year)	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far	FINDINGS OF OPER  CE OF INJURY (e.g., im., factory, street, office bldg.,	RATION  n or 21c, WHERE DID etc.) INJURY OCCUR?  ED 21f, HOW DID INJ	(If in Baltimore City, gi	20. AUTOPSY? YES NO
OTHER TRIBUT TO THE 19A. DATI	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OR CONTRIBUTING OF DEATH  (Month) (Day) (Year)	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far.  (Hour) 21	FINDINGS OF OPER  CE OF INJURY (e. g., i m, factory, street, office bldg., i  TE. INJURY OCCURR  RILE AT NOT WHILE AT WORK	RATION  n or 21c, WHERE DID etc.) INJURY OCCUR?  ED 21f, HOW DID INJ	(If in Baltimore City, given the City, given t	20. AUTOPSY? YES NO
OTHER TRIBUT TO THE 19A. DATI OU CAUSE COLUMN CAUSE CAUSE COLUMN CAUSE CA	THE ABOVE CAUSE (A) REYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1 CIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING PEATH E (Month) (Day) (Year) Reby certify that I attended	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far  (Hour) 21  m. WH	FINDINGS OF OPER  CE OF INJURY (e. g., im, factory, street, office bidg., office bidg.	RATION  nor 21c, WHERE DID 1NJURY OCCUR?  ED 21f, HOW DID 1NJ	(If in Baltimore City, given the City, given t	ZO. AUTOPSY? YES NO Ve exact location)  That I last saw the endate stated above.
OTHER TRIBUT TO THE 19A. DATI	THE ABOVE CAUSE (A) REYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1 CIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING PEATH E (Month) (Day) (Year) Reby certify that I attended	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far  (Hour) 21  m. WH	FINDINGS OF OPER  E OF INJURY (e.g., im, fectory, street, office bldg.,  TE. INJURY OCCURR  HILE AT WORK  AT WO	RATION  nor 21c. WHERE DID etc.) INJURY OCCUR?  ED 21f. HOW DID INJ	(If in Baltimore City, given occur?	20. AUTOPSY? YES NO Ve exact location)  hat I last saw the
OTHER TRIBUT TO THE 19A. DATI	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1 CIDENT WAS UNDER OR CONTRIBUTING OF DEATH E (Month) (Day) (Year) RY  Teby certify that I att dature on CATURE	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLACebout home, for which is a second to the desired of	FINDINGS OF OPER  CE OF INJURY (e. g., im, factory, street, office bidg., office bidg.	RATION  nor 21c. WHERE DID 1NJURY OCCUR?  ED 21f. HOW DID 1NJ  21f. HOW DID 1NJ	(If in Baltimore City, given occur?	ZO. AUTOPSY? YES NO Ve exact location)  That I last saw the endate stated above. 23C. PATE SIGNED
OTHER TRIBUT TO THE 19A. DATI  VIQUE STATE OF THE 19A. DATI  21A. ACC LYING CAUSE COUSE CO	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1 CIDENT WAS UNDER OR CONTRIBUTING OF DEATH E (Month) (Day) (Year) RY  Teby certify that I att daive on 1 CATURE  (Specify)  CREMA- 248, DATE (Specify)  7-20	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far  (Hour) 21  m. Why  tended the d  1, 19 , an	FINDINGS OF OPER  EE OF INJURY (e.g., im, factory, street, office bldg., im, factory,	ED 21F. HOW DID INJURY OCCUR?	URY OCCUR?  The fauses and on the Country of the fauses and on the Country of the fauses and on the Country town, of Country town, or Country	/ AUTOPSY? YES NO Decention  That I last saw the endate stated above. 23c. PATE SIGNED  Progenty (State)
OTHER TRIBUT TO THE 19A. DATI  OTHER 19A. DATI  OTHER TRIBUT TO THE 19A. DATI  OTHER TRIBUT T	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1  CIDENT WAS UNDER OR CONTRIBUTING OF DEATH  E (Month) (Day) (Year) RY  Teby certify that I att alive on  GATURE  CREMA- (Specify)  VED BY REGISTRAR STRAR  REGISTRAR	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, for which is a second to the decorate of the decorate	FINDINGS OF OPER  EE OF INJURY (e.g., im, factory, street, office bldg., im, factory,	RATION  nor 21c. WHERE DID 1NJURY OCCUR?  ED 21f. HOW DID 1NJ  21f. HOW DID 1NJ	URY OCCUR?  The fauses and on the Country of the fauses and on the Country of the fauses and on the Country town, of Country town, or Country	ZO. AUTOPSY? YES NO Ve exact location)  That I last saw the endate stated above. 23C. PATE SIGNED
OTHER TRIBUT TO THE 19A. DATE RECEI	THE ABOVE CAUSE (A) RLYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH, BUT DISEASE OR CONDITION E OF OPERATION 1  CIDENT WAS UNDER OR CONTRIBUTING OF DEATH  E (Month) (Day) (Year) RY  Teby certify that I att alive on  GATURE  CREMA- (Specify)  VED BY REGISTRAR STRAR  REGISTRAR	STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, far  (Hour) 21  m. Why  tended the d  1, 19 , an	FINDINGS OF OPER  EE OF INJURY (e.g., im, factory, street, office bldg., im, factory,	ED 21F. HOW DID INJURY OCCUR?	URY OCCUR?  The fauses and on the Country of the fauses and on the Country of the fauses and on the Country town, of Country town, or Country	/ AUTOPSY? YES NO Decention  That I last saw the endate stated above. 23c. PATE SIGNED  Progenty (State)

Gross in the same The state of the s

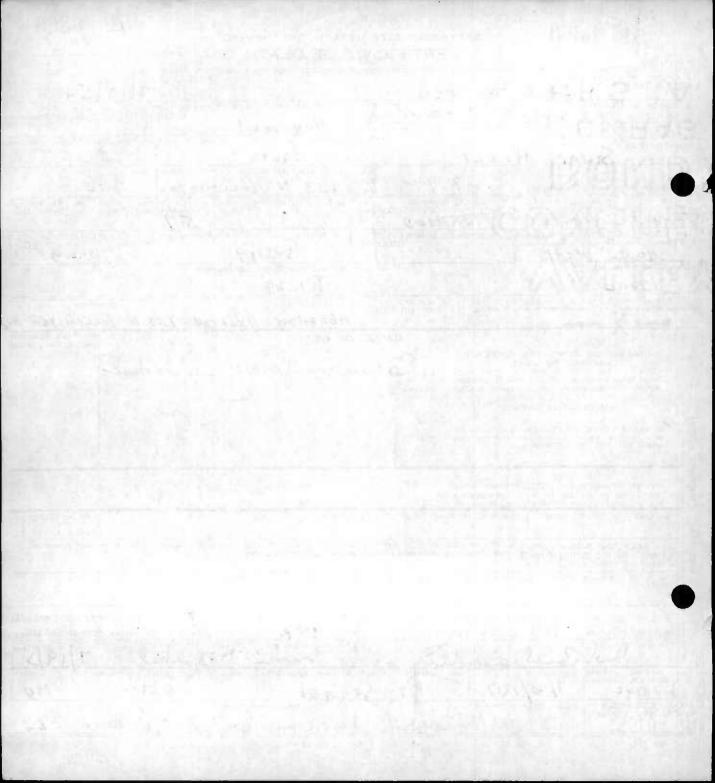
51 6365

В	IRTH NO.			CERTIFIC	CATE	E OF DEATH		Regist	ered	No		
	NAME OF D		Axe	lrod				2. DATE OF DEATH	7/1	915	- (	
	PLACE OF D		Sival	Hour for		4. USUAL RESIDENCE	CE (Whe		ived. I			
B	FULL NAME			tion, give arreet add		MURYLANG	1	B. COU	NIY		before ac	dmlssion
II H	OSPITAL OR	-	1		cation)	c. CITY OR TOWN	(If ou	tside corpora	te limi	its write		and give
14	(4)	SINGI	tospi			Balto		6-	-0	3		O W HOHIP
		tay in Baltimore	2	7 gm	Yrs. Mos. Days	133 N. Co	•	ral, give local	tion)	405		
-	EMULE	6. COLOR OR RAC	WIDO	E. MARRIED, WED, DIVORCED RRIED	(Specify)	B. DATE OF BIRTH		9. AGE (In your last birthd	ears ay) M	If Under I Ye Innths Da	ays Hou	irs Min.
1C wnr	A. USUAL OC k done during most i	CUPATION (Give kind of working life, even if retire	nf 108, KIN	D OF BUSINESS	OR USTRY	11. BIRTHPLACE (State		ign country)			TIZEN CHAT CO	
13	FATHER'S					14. MOTHER'S MAID		1E	_			
	1599	6				RISHA						
15 (Y	. WAS DECEASE	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL		17. INFORMANT			-	ADDRES	S	
(,,	m, no or anknown,	(*1 you, give wat of di	rees in service)	SECURITY	NO.	ABRAHAM A)	XELRO	4-133	N.	Tou	INST	and B
	1B. 17.	J-X		CA	USE C	OF DEATH				INT	ERVAL E	BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	0		- 1		0	4	ON:	DEI ANL	D DEATH
	(This does	not mean the mode	of dying, e.	8., (A) Q	العالم	roma of oval	4 E	meta	cho	es	• • • • • • • • • • • • • • • • • • • •	
		re, asthenia, etc. It m complication which				0						
		ANTECEDENT CA	JSES									
Z	DISEASES	S OR CONDITIONS	IF ANY GIVE	(B)	•••••	•••••					*****	************
Ĕ	RISE TO T	HE ABOVE CAUSE (	) STATING T									
FICATION				(C)			* • • • • • • •	******************			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
F		The state of the s										
ERTI	TRIBUTING	IGNIFICANT CON	T NOT RELAT	ED						100		
Ū		F OPERATION		R FINDINGS OF	ODED	ATION			_	1.0	0.41174	
AL	ISA. DATE C	OF CHERATION O	19B. MAJOR	TINDINGS OF	OPER	ATTON					O. AUTO	ND T
EDICA		ENT WAS UNDER R CONTRIBUTING[ DEATH		ACE OF INJURY	(e. g., in	and 21c. WHERE DID INJURY OCCUR?		in Baltimore	City,			
Σ	21D. TIME	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OC	CURRE	D 21F. HOW DID IN	VJURY (	OCCUR?	1	_ 11		
	OF INJURY		m.		T WHILE			,				
1	22 I harah	a contifu that I a				1951/1	7	119	200	1 that	7 land	nam Ab
	deceased al	y certify that I a		and that death		. 70	rom the	causes an		the date		
	23A. SIGNA		, 10	and that acarr		3B. ADDRESS e	LI .	. 1	Λ			SIGNED
	V	my/sm	udu		. D.	Surai	40	puta	7		1/19	1/2
TI	ON REMOVAL (S	pecify 24B. DATE	1851	24c. NAME OF CI	0	RHEL 2	4b. LOC	BAL	y, towi		ty')	(State)
D	ATE RECEIVED CAL REGIST	D BY   REGISTRA	R'S SIGNAT	URE .	9	25. FUNERAL DIRECT	TOR	210m	Ei	ADDR Taux	ESS	),
14		4	3/44-61/	Maria Million	1	1 1 0 00000	11-13	-0,-0	0			

VS 15

7208A

49a



VS 150

## 51 6366

94a

## BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.		- (	CERTIFICAT	E OF DEAT	H Register	ed No.
1. ('I	NAME OF D 'ype or Print)	DECEASED Nell	ie /	1. Lilley	/	2. DATE OF DEATH	114-18-1951
	Baltimore	City, Maryland			A. STATE	NCE (Where deceased live B. COUNT	d. Minstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	,	on, give street address or location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give location	1)
5.	SEX	6.COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED, ED, DIVORCED (Specify)	Narch 207		Months Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Mayy/ama	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	W.W.	Howard			14. MOTHER'S MA	COOK	
(Ye	. WAS DECEAS a, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Word. Li	1/ey: 1009 FB	ADDRESS SX
CATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA' s not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABDVE CAUSE (A) YING CONDITION LA	FH  f dying, e.g., ns the disease, aused death.)  ES  F ANY, GIVING STATING THE	(A)		Occlusion	INTERVAL BETWEEN ONSET AND DEATH
CERTIFI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATED				
7				FINDINGS OF OPER			20. AUTOPSY?
EDICA		DENT WAS UNDER R CONTRIBUTING DEATH	218. PLAC	CE OF INJURY (e. g., i	p or 21c, WHERE D		YES ND Lity, give exact location)
M	F INJURY	(Month) (Day) (Year)	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?	
		oy certify that I att		nd that death occur	7-18, 195- rred at 5:30 p.m.,	from the causes and o	9.5, that I last saw then the date stated above.
-		P. W. S	Gan	м. D.	11	Chare S!	7-19-50
TI	DIMEMOVAL (S	Specify) 7/21/3	-/ 1	Good Shepa	and Cematory	PLOCK/and 1	ud.
	ATE RECEIVE DCAL REGIST IUL 201		S SIGNATUR	liame, 168	Win Coh.	Ina. 7217 SY	Paul SY.

SELECT OF SPILOW Y

Helica District

WATER YES

ONG RESS

Explain and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH July 15 MC TNTOSCH HECTOR 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Hast birthday) | Months | Days | Hours | Min. Davs Cathedral 8. DATE OF BIRTH SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPYACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mactentr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. INTERVAL AFTWEEN CAUSE OF DEATH 81.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Fatty infiltration of liver heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

19A. DATE OF OPERATION

21c. WHERE DID

21B. PLACE OF INJURY (e.g., in or

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE!

AT WORK WORK

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes X, accident C, suicide C, homicide C, undetermined C. 23A. SIGNATURE

24A. BURIAL. CREMA-24C, NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY

23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER

INTURY OCCUR?

MEDICAL INVESTIGATOR

25 FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

autopsy

240. LOCATION (City, town, or county)

ADDRESS

(If in Baltimore City, give exact location)

LOCAL REGISTRAR VS 151

ō

23c. DATE SIGNED

YES 30

thereon and from

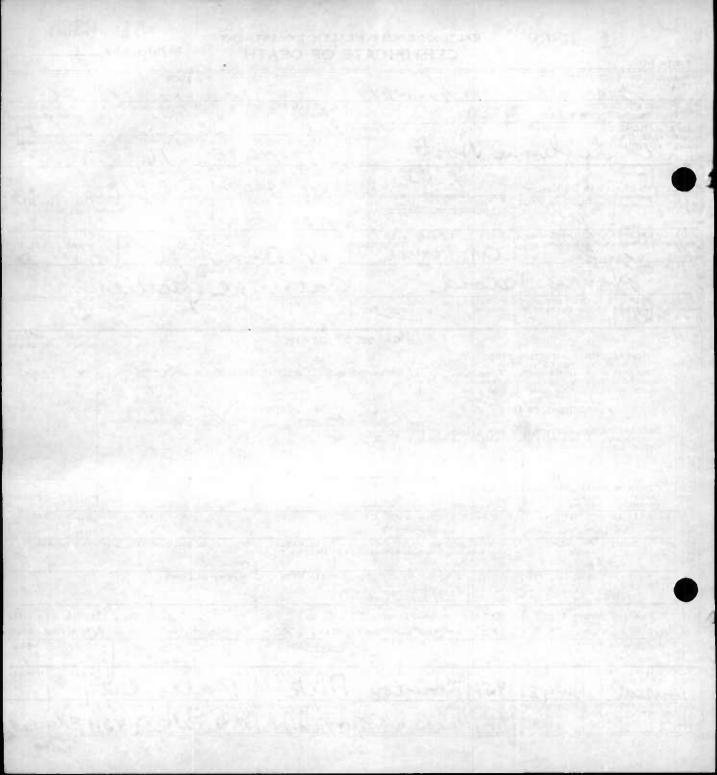
### BALTIMORE CITY HEALTH DEPARTMENT

51 6368

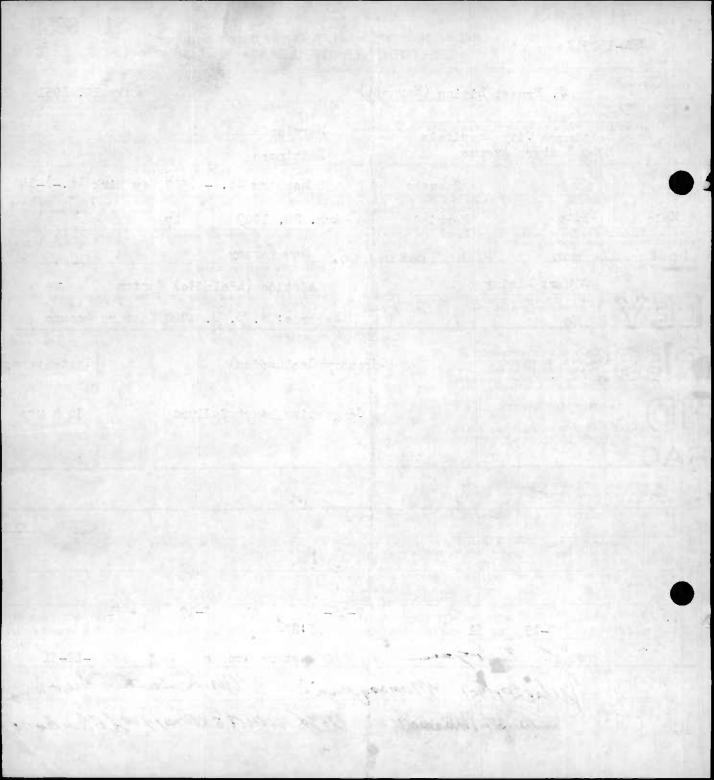
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MARGARET DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Horsewile 13. FATHER'S NAME NAME 15. WAS DECEASED EVER IN 6.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY\_NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK , 19.5%, and that death occurred at 2 m. from 22. I hereby certify that I attended the deceased from-2 - 19 , 195 , that I last saw the A m., from the causes and on the date stated above. deceased alive on 1 -1 7 23A SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) BURIAL CREMA- 248. DATE 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAC (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

VS 150

Mary car of a Mary of



1	REA-150512	BAI	CERTIFICAT			No
В	IRTH NO.		CERTIFICAT	E OF DEAT	ng.stered	
	NAME OF DECEASED Type or Print)	rnest Lim	ing (Earnest)		2. DATE OF DEATH JU	y 19, 1951
A.	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	ENCE (Where deceased lived, I B. COUNTY	
B. H	FULL NAME OF (If not in hospital or Baltimore ustitution 4940 Easte	City Hosp rn Avenue	ion, give street address of itals location	c. city or town Baltimore		its, write RURAL and give
	ength of stay in Baltimo	re	2 weeks Yrs. Mos. Days		ESS (If rural, give ocation)	cirk St)-24
5.	Male White	WIDOW	E. MARRIED. /ED, DIVORCED (Specify arried	Aug. 24, 19	last hirthdox) M	If Under 1 Year H Under 24 Hours onths Days Hours Min.
wor	A. USUAL OCCUPATION (Give he done during most of working life, even if re	ind of 108. KINE	of Business or INDUSTRY Ner Baking (	II. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	FISI	ter paking (	14. MOTHER'S MA		U.Ö.
	Albert	_		Adelide	(Adelaide) Morton	1
(Ye	5. WAS DECEASED EVER IN U.S. As, no or unknown) (If yes, give war o	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	. C. H. 4940 Easte	ADDRESS
_	No No				. 0. 11. 4940 Dasti	INTERVAL BETWEEN
ERTIFICATION	DISEASE OR CONDITION  (This does not mean the meant failure, asthenia, etc. It injury or complication which was a subject of the subject of t	DEATH  de of dying, e. g.  means the diseas  ch caused death  CAUSES  US, IF ANY, GIVIN  (A) STATING TH	(A) Coro	OF DEATH nary Occluss ongestive hea		Instantane
CERTIF	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE DR CONDI	BUT NOT RELATE TIDN CAUSING 1	T			
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NOW
MEDICAL	21A. ACCIDENT WAS UNDE LYING□ OR CONTRIBUTIN CAUSE OF DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			give exact location)
	2ID. TIME (Month) (Day) (Top INJURY		WHILE AT WORK NOT WHILE AT WORK		INJURY OCCUR?	
	22. I hereby certify that I	attended the		<b>-18-</b> 19	5,1 <sub>to</sub> 7-19 , 19	that I last saw the
	deccased alive on 7-1	9, 19_51.		rred at 8 25 m.	from the causes and on t	hc date stated above.
	4.1.	Cloy		4940 Eastern		7-19-51
	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	1201/451	MULLOG	Wan	24D LOCATION (City, town	New Jerry
	ATE RECEIVED BY REGIST	the from H	Wante M.	a- Jo EM	ud & xaris/ 4 w	Bharles 14
	VS 150	an see	490 44			94a

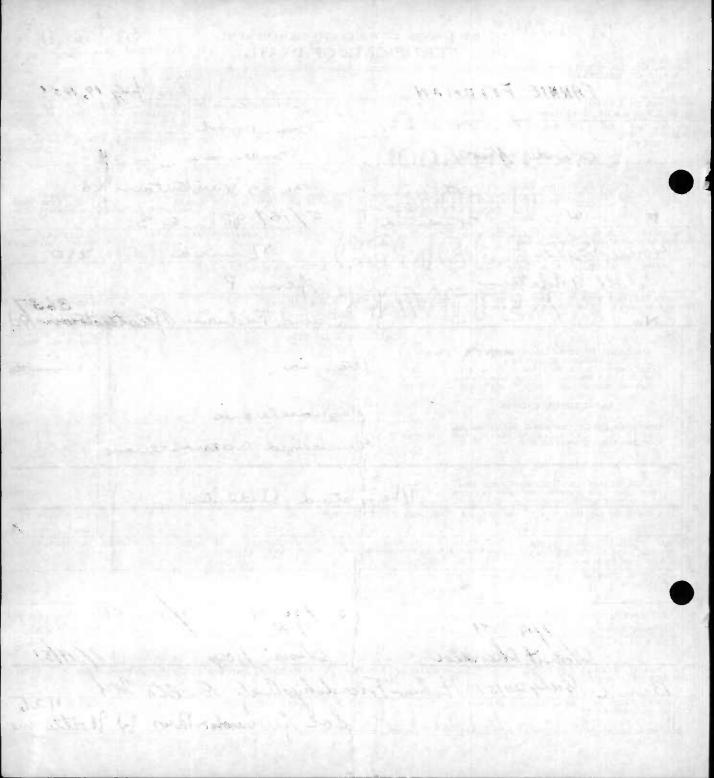


435 51 6370

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6370 Registered No.

	CERTIFICATI	F OF DEATH	registered No.
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	FELDMAN	2. DA OI DEA	F 10. 10 10-1
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where dece	
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution, give street address or location)		orporate limits, write RURAL and give
Senau	Norg	Bastiniare	15-12 township
ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, giv	re location)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE	(In years   If Under   Year   If Under 24 House
FW	WIDOWED, DIVORCED (Specify)	2 / / 6 / 0 2	birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	usa
Wolf Goldste	en	Lena. ?	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 3437
No	SECORITY NO.	David Feldman	Resterstown Ro
18. 446 X		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION I	H C).		
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	ns the disease.		C-36,-56
ANTECEDENT CAUS			
DISEASES OR CONDITIONS, IF	ANY, GIVING	Pohorclesons	
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO	march and areas	
	(C)		
OTHER SIGNIFICANT CONDIT			
TRIBUTING TO THE DEATH, BUT I		staid arthutio	
194. DATE OF OPERATION 15	BB. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Balt	timore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year)		21F. HOW DID INJURY OCCUP	₹?
	m. WHILE AT NOT WHILE		/
deceased alive on 7/10		6 /29195/, to 7/	19, 19 5 Ithat I last saw the
23A. SIGNATURE	, 1951. and that death occur	3B. ADDRESS	es and on the date stated above.
	dendler M.D.	Amai Noy	7/19/51
TION, REMOVAL (Specify)	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S	SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS (1)
JUL 2 01951	ton Williams, Mil	Sol Levenson B	us W Worth and
VS 150			14
	MATERIAL PROPERTY.		1310



### BALTIMORE CITY HEALTH DEPARTMENT

51 6371

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY F, PRICE OF ANNA M, PRICE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland BALIO B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1115 S.BINNE Yrs. D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore LIFE Days 5. SFX 9. AGE (In years) 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) WIDOW 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF was denoted by the working life, even if yelled by the lif INDUSTRY WHAT COUNTRY? US CANA 14. MOTHER'S MAIDEN NAME MYERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. 1-20-37274 (Yes, no or unknown) (If yes, give war or dates of service) 11155 BINNI 18. 454X CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES IFICATION APPROVED BY (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED lif TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH some 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED down & stair eleps at OF INJURY NOT WHILE WHILE AT 12-29-50 m. AT WORK WORK 22. I hereby certify that I attended the deceased from. 19 to that I last saw the deccased alive on 7/18 . 1951, and that death occurred at \_m., from the causes and on the date stated above. 23A. STONATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA- 24B. DATE 24D. LOCATION (City, town, or county) BURIAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS CAL REGISTRAR

VS 150

211 14 1 18 1 19 19 19 19 1 "

1000 SKENWOOK

ENISH PRINT AART ELECTION BWA MEN SOLE CAAR TOWN THAT I HAD IN LINE - SHEET AND THE LAND TO SHEET AND THE The state of the s AND COMMENT AS A STATE OF THE MARKET OF THE PARTY OF THE

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

> YES X 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

Orleans & East Streets 21F. HOW DID INJURY OCCUR?

OF INJURY WHILE AT July 1. 1951 WORK 22. I certify that I took charge of the remains described above, held an \_

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

> Pedestrian struck by auto autopsy

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].

23A. SLONATURE

23B, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... July 18, 1951

TION BEMOVAL (Specify)

MEDICAL INVESTIGATOR. OR CREMATORY! 24D. LOCATION (City town, or county)

DATE RECEIVED BY LOGAL, REGISTRAR

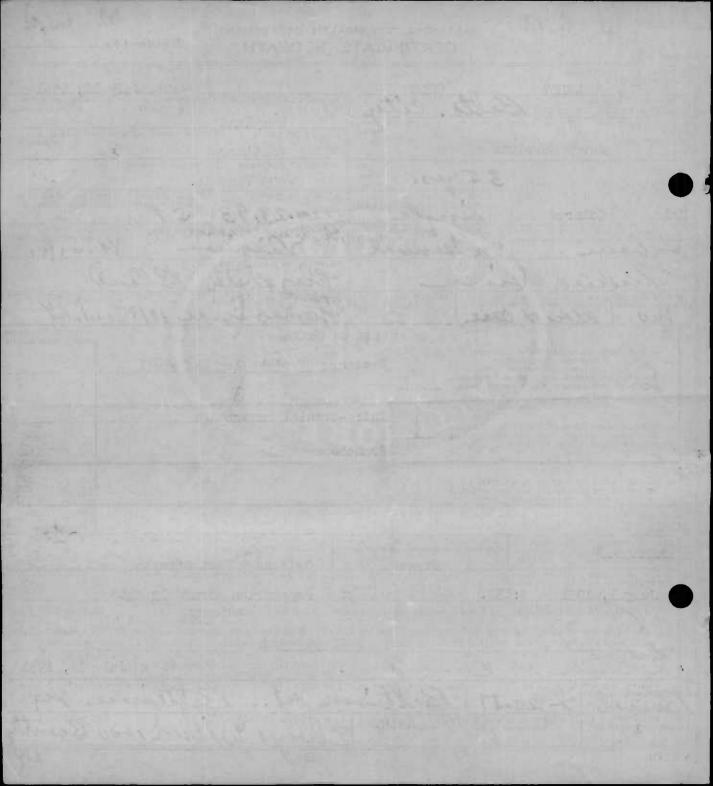
Ш

20-1 REGISTRABLE SIGNATURE

PHERAL DIRECTOR

20. AUTOPSY

thereon and from



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (Cavnship) Yrs. (If rural, give location Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years Il Under 1 Year II Under 24 Hours last hirthday) Months Days Hours Min. (Specify wrend 10A. USCAL OCCUPATION (Give kind of rork done suring post of working life, even if retired) BUSINESS OR 11 BI RTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, goo or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 330 X I DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

YES 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or |

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

F INJURY

WHILE AT

WORK

NOT WHILE

22. I hereby certify that I attended the deceased from deceased alive on\_ 19.5 1, and that death occurred at

23A. SIGNATURE

from the causes and on the date stated above.

. 1951, that I last saw the

BURIAL, CLEMA-24B. DATE zucca

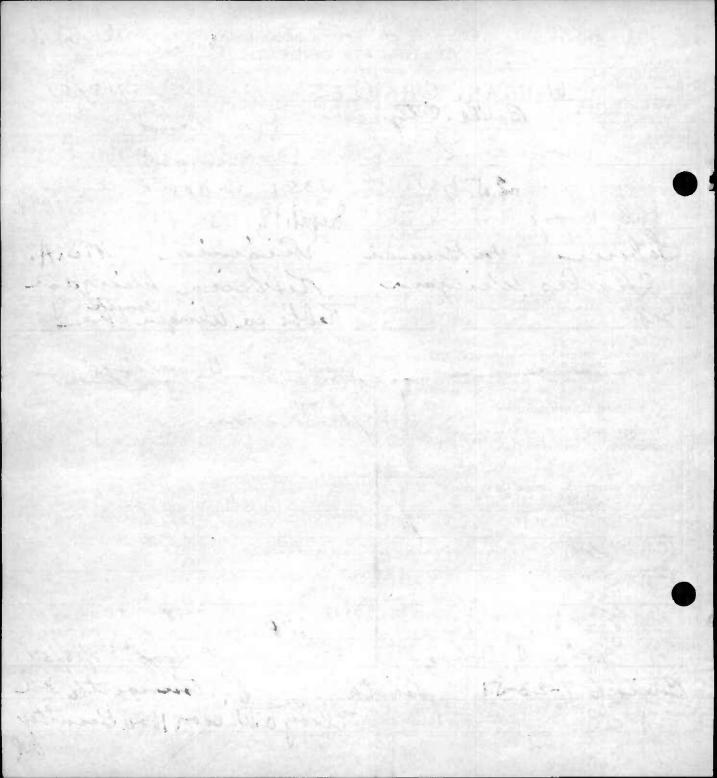
24C. NAME OF CEMETERY OF CREMATORY

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRE

VS 150



VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No BIRTH NO. N. K 1. NAME OF DECEASED 2. DATE (Type or Print) Izora Thomas OF 7-18-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY fore admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write BUMAL and give township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 5809 Hawk Court-24 2 yrs. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) Female Negro Sept. 29, 1948 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Virginia where 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME alexandria Thomas Mary Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Records: B.C . H. 4940 Eastern Avenue 18. CAUSE OF DEATH INTERVAL BETWEEN 40.3 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mendo-Ecephaliotis (This does not mean the mode of dying, e.g., days heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES H. Influenza 3 days RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? DICAL YES ND 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 7-16 7-18 , 1951, that I last saw the 19.51, to\_ 22. I hereby certify that I attended the deceased from. deceased alive on 7-18 ., 1951... and that death occurred at 3:252m., from the causes and on the date stated above. 23A. SIGNATURE 23C: DATE SIGNED 4940 Eastern Avenue 7-19-51 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-(State) TLOD. REMOVAL (Specify) 20 JUNERAL DIRECTOR DATE RECEIVED BY ADDRESS SIGNATURE LOCAL REGISTRAR

"我是我不知道明明的

Si 7390 9,0,0 What Had been and 

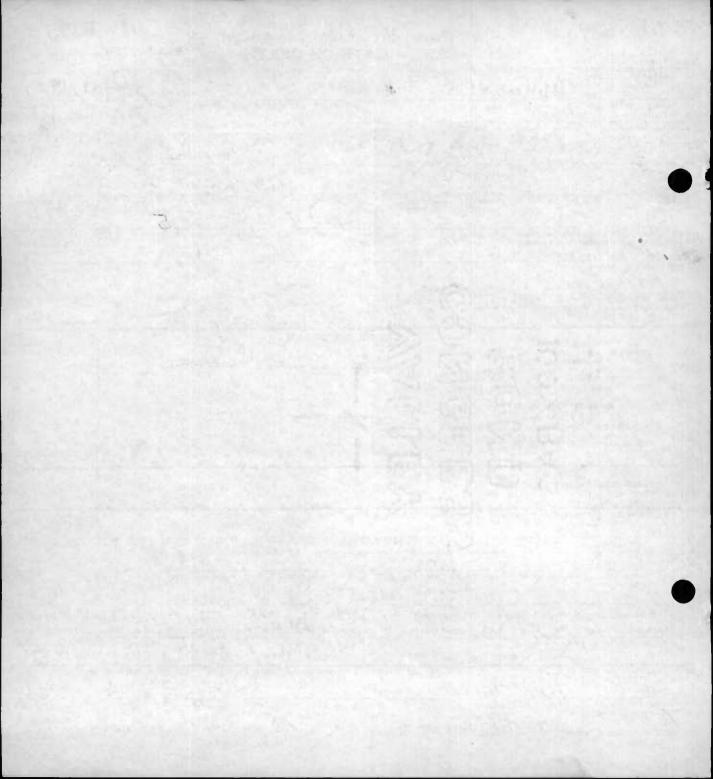
31 46375

# BALTIMORE CITY HEALTH DEPARTMENT

51 6375

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE. (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTYbefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working, life, even if retired) INDUSTRY WHAT COUNTRY? Televid Lavern 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME illiam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO 4 monree Rue 0 18. CAUSE OF INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) .... П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAL YES 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 1957 to 22. I hereby certify that I attended the deceased from 1957, that I last saw the , 19 57, and that death occurred at 1035 Am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 230 DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY surel DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

· And A A CONTRACTOR SHAPES . . D.



51 6376

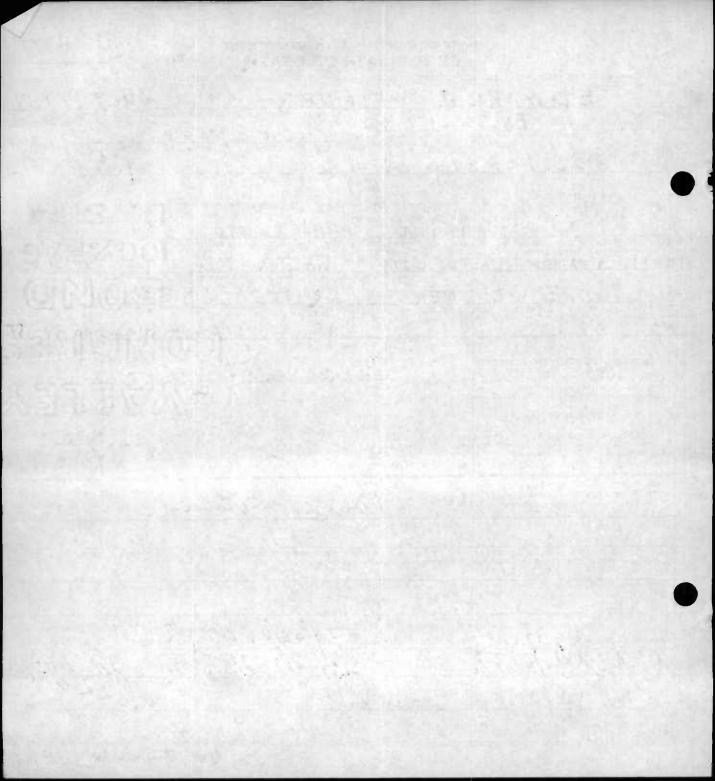
Registered No. BIRTH NO. 1. NAME OF DECEASED 2, DATE (Type or Print) OF July,17th.1951 FRANK C. GRINE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTION 3623 Coolidge Ave C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 14 Days ength of stay in Baltimore 3623 Coolidge Ave. 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH H Under 1 Year last birthday) Months Days Hours: Min. WIDOWED DIVORCED (Specify) Male White Aug. 6th 1879 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF workdone during most of werking life even it retired) WHAT COUNTRY General Work Woodlawn, Balto Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CASPER GRINE LOUISE ELLIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yeszno or unknown) (If yes, give war or dates of service) Mrs. Frank C. Grine 3623 Coolidge Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK , 1951, to Lear 17 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from. . 1951 and that death occurred at 10:351 m., from the causes and on the date stated above. deceased alive on hely 17 23A. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) July, 20 1951 Western Cometery DATE RECEIVED BY 510 Liberty Hghts. FUNERALADIRECT LOCAL REGISTRAR

VS 150

3	56
	6377

Registered No. 6377

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or 0 HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION NOR D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) ARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. NO 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... RH H OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF **OPERATION** 20. AUTOPS DICAL YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or ) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WH WORK y that I attended the deceased from L. that I last saw the deccased alive of from the causes and on the date stated above. ., and that death sccurred at 23A SIGNATUR 23C DATE SIGNED 24c. NAME OF CEMETERY CREMATOR OR 24D. LOCATION (City, town or county) 0 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

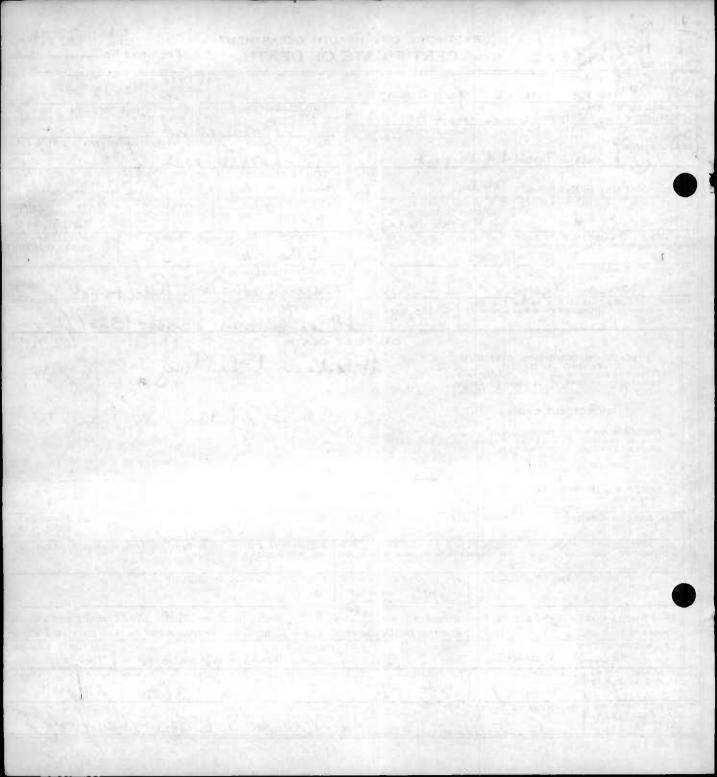


#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		_	ERIFICAL	E OF DEATH	negistered no	
1. NAME OF DECE. (Type or Print)		ve E	stelle Da	vis	2. DATE OF JULY 1	9,1951
A. Baltimore City,				4. USUAL RESIDENCE (W	here deceased lived. If in	stitution : residence before admission)
B. FULL NAME OF	(If not in hospits		, give street address or location)	Blary land		
institution 36	sto Harford	Ka.	location)	Baltimore (II	outside corporate Apits,	white RURAL and give township)
Length of stay	in Baltimore	allhenl	Yrs. Mos. Days	o. STREET ADDRESS (II)		
5. SEX   6.0	white	1	MARRIED. DIVORCED (Specify)	Dec 12, 1917		der 1 Year II Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUP work does during most of work		10B. KIND C	F BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
Office man	4	Mailing	Vetail	Baltimore,	hd.	US.A.
	es F. H	anesch	lager	Anna J.	Fortmany	
(Yes, no or onknown) (I	/ER IN U.S. ARMED fyee, giva war or dates	FORCES? of earvice)	SECURITY NO.	Mr Joseph L. Davi		ord Ra
18. 170	× .		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OBATH
	OR CONDITION I			noma of Breast	1 - 1 1	
(This does not	mean the mode of sthenia, etc. It mean	f dying, e.g.,				16 405
	plication which co		ove to meta	stasis to retina	and bram	
	RECEDENT CAUS	ES				
DISEASES OR	CONDITIONS, IF	ANY, GIVING	(B)	***************************************	•••••••••••••••••••••••••••••••••••••••	
UNDERLYING	CONDITION LA	STATING THE	OUE 10			
F			(C)			
	II IFICANT CONDI					
U TO THE OISEAS	THE OEATH, BUT					
19A. DATE OF OF	750	2 Draw	INDINGS OF OPER	-		20. AUTOPSY?
U ZIA. ACCIDENT.	SUICIDE.		E OF INJURY (a. g., ie		f in Baltimore City, giv	e exact location)
HOMICIDE (S	pecify)	about home, farm	n, factory, street, office bldg., e			
21D. TIME (Mont	th) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY			ORK NOT WHILE			
22. I hereby ce	rtify that I atte	ended the de	eeeased from Ju	ne 15 , 1951 to Ja	14 19 , 1951,	that I last saw the
deceased alive	on July 17	, 1951, an	d that death occur	red at 2:39, 1951, to Jarred at 2:39, 1951, to	ne causes and on the	date stated above.
23A. SIGNATURE	b X 0	m 14	2	1014 St. Paul St.		July 19 175
24. BURIAL, CREM TION RENOVAL (Specif	A- 24B. DATE	24	c. NAME OF CEMETE		CATION (City, town, or	
Dureal		151 1	11 orelani	x rape to	facto 11	201
LOCAL REGISTRAR	100m p1	to Will		25. FUNERAL DIRECTOR	305 Har	Lord Co
VS 150	_ A		0.0			,
			2908	2	0	20

	and the same	55 3 1 1 1 1 1 1	
	Maria Maria		
10 20 10 20 20		the Zan	
And the second second			
The state of the s	A 12		

	60 L 637 RTH NO. 8	9-15942	BALTIMORE CITY HE CERTIFICATI		51 Registered No.	6379
(T	NAME OF E	THOMAS BRO	CE YEAGER		2. DATE OF 7/20	
В.	FULL NAME	City, Maryland L	tal or institution, give street address or	A. STATE MOMA	Where deceased lived. If ins	titution: residence before admission)
	OSPITAL OR	Lutheran Hospil	hal of Maryland	C. CITY OR TOWN	outside corporate limit	ite RURAL and give
	ength of s	stay in Baltimore	Yrs. Mos. Days	Born in Sull. Marp. of	rural, give location)	it he death. 144.
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		er 1 Year   If Under 24 Hours
10 worl	A. USUAL OC k done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)   12	CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME Vucan Veale		14. MOTHER'S MAIDEN N	AME BILL	-l
	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date		17. INFORMANT	U. /b=	RESS avon
FICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me- complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	DIRECTLY ATH of dying, e.g., ans the disease, caused death.)  SES  (B)  GAMP  (B)  GAMP  (B)  GAMP  (B)  GAMP  (B)  GAMP  (B)  GAMP  (B)	of DEATA Leolasse of the	lings.	alum alum alum
ERTII		II SIGNIFICANT COND G TO THE DEATH, BUT				
AL C		OF OPERATION	N CAUSING IT. 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		If in Baltimore City, give	
M	210. TIME OF INJURY	(Month) (Day) (Year	m. WHILE AT NOT WHILE AT WORK			
	deccased a	live on 12 mm 7/11 TURE  A  M  M  M  M  M  M  M  M  M  M  M  M	dus M.D.	3B. ADDRESS	nd. odlo, 16	date stated above 23c. DATE SIGNED 7/20/5/
	ON REMOVAL (S	Specify) 2-20	VI Paker	ood X	Salto	ns
T.O.	ATE RECEIVE	REGISTRAR	ton Williams 4.	25. FUNERAL DIRECTOR	5305 Ha	AND PA



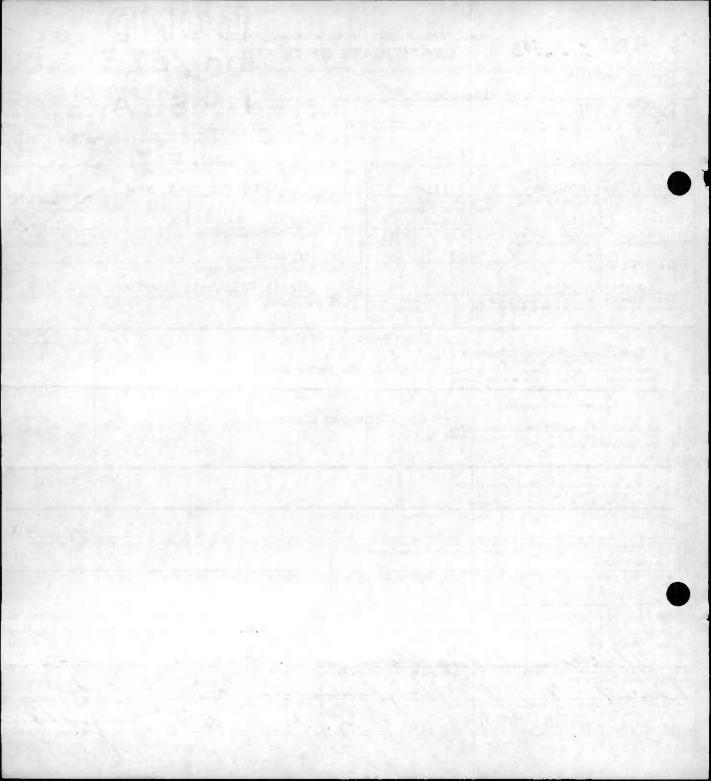
5 5	6380 1 6380 RTH NO. 51-15917	BALTIMORE CITY HE		51 Registered No	6380
	NAME OF DECEASED	Baby Girl Liberto		2. DATE OF DEATH 7/3	16/51
	PLACE OF DEATH: Baltimore City, Maryland	DAN J. 0112 D1001 00	4. USUAL RESIDENCE (W		nstitution: residence before admission)
B. He	FULL NAME OF (If not in hospits OSPITAL OR ISTITUTION	al or institution, give street address or location)	Maryland	outside corporate limits.	write RURAL and give
	St. Joseph'		Baltimore	. 13	township)
	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 3816 Lynd		
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7/16/51	9. AGE (In years) HU	nder I Year H Under 24 Heurs ths Days Hours Min.
10	emale   White		11. BIRTHPLACE (State or fo	reign country)   1	2Hrs.
worl	done during most of working life, even if retired) None	None None	Maryland		WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	Fig. 1
	Samuel E. Lib		Catherine Loui	se Corbett	
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED 6. no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
ERTIFICATION	DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which con ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	H (A)	lectasis nsverse Presentat maturity		
C	TO THE DISEASE OR CONDITION	CAUSING IT.	ATION		1
AL	19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	ATTON		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (I	If in Baltimore City, giv	
2	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I atte deceased alive on 7/16/51 23A. SIGNATURE	., 19 and that death occur	/16/51, 19 to 7 red at 2: 11 amm, from to 38. ADDRESS	7/16/51, 19, he causes and on the	
	William 7	Baldenin	1400 N. Carol	ine St	7/16/51
TIC	ATE RECEIVED BY REGISTRAR'S	51 Haly C	RY OR CREMATORY 24D. LO	Sala C	
1.0	101 201951 tusting	ton Milliams, Mis	Lituck	5305 H	artord.

VS 150

160 €

THE REPORT OF THE PARTY OF THE PARTY. TANK THE RESERVE The second second 

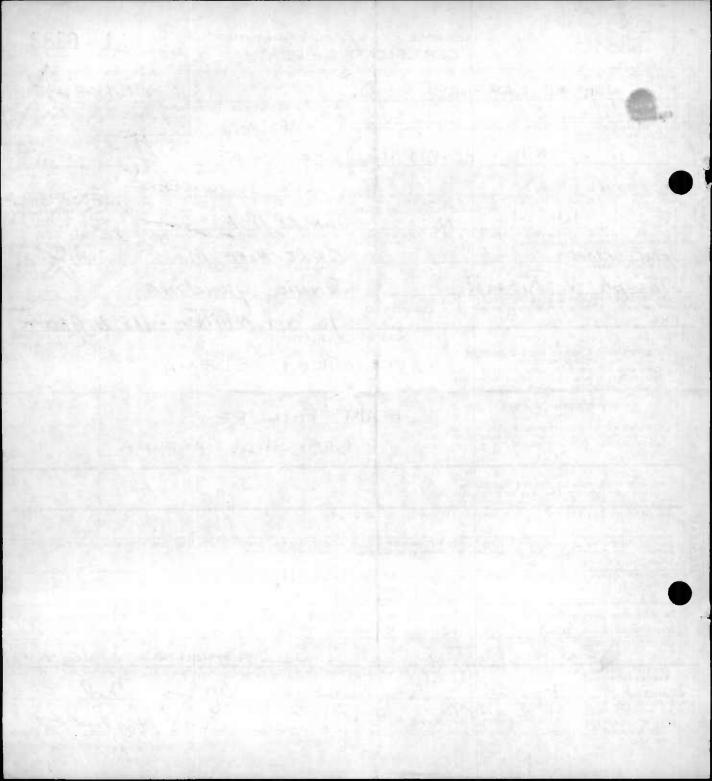
_	OL DOOL 51-16513 CERTIFICATI	EALTH DEPARTMENT 51 6381				
	BIRTH NO.					
	1. NAME OF DECEASED (Type or Print)  Baby Ringrose	2. DATE OF DEATH 7/14/51				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY before dimission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or	The state of the s				
	HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limit, wait ItULAL and give township)				
	St. Joseph's Hospital	Baltimore, 17				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
3	ength of stay in Baltimore Life Days  5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED,	2801 Parkwood Ave.   8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours				
	Female White Single WIDOWED, DIVORCED (Specify)	7/14/51 last birthday) Months: Days Hours: Min.				
	10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	None None	Maryland				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
3	James Ringrose	Gloria Elizabeth Harrison				
	15. WAS DECEASED EYER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
dans, prease nine an	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO  ANTECEDENT CAUSES	a neonatorum own cause				
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19a, DATE OF OPERATION   19a, MAJOR FINDINGS OF OPERATION					
	YES NO X  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or linguage)  About home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?					
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE					
and or ogn o	24A. BURIAL. CREMA-24B. DATE 24C. NAME OF CEMETE	rred at 9:30 Pre, From the causes and on the date stated above.  238. ADDRESS  230. DATE SIGNED  1400 N. Caroline St. 7-19-51				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAY DIRECTOR 5305? Harford A				
	Vs 750 1001	11110				



-3	50
51	6382

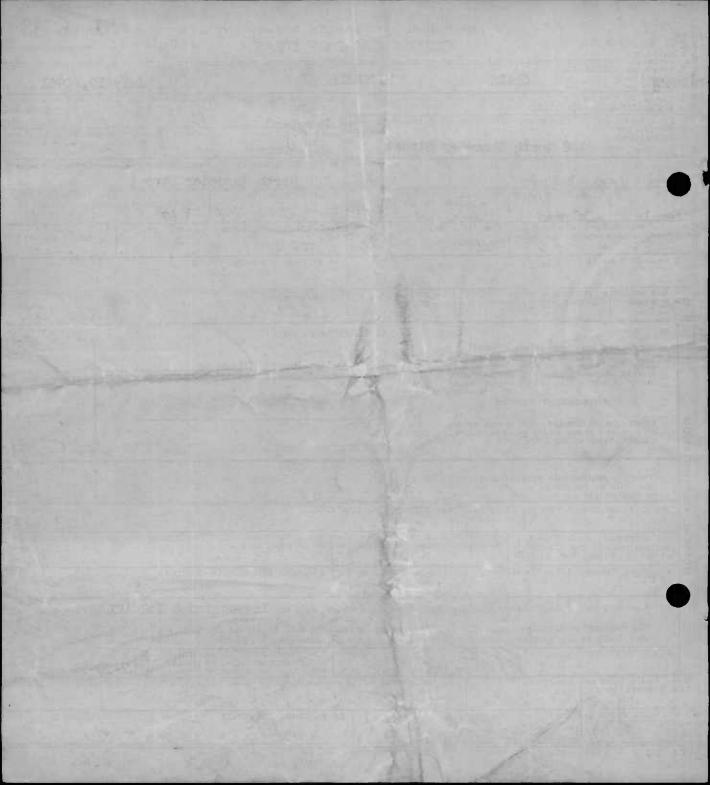
# CERTIFICATE OF DEATH Registered No. 6382

BIRTH NO.	L OF DEATH				
1. NAME OF DECEASED (Type or Print) WHITEN MARGARET D.	2. DATE OF DEATH JULT 20, 1951				
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND				
HOSPITAL OR location	C. CITT ON TOWN (II dutside corporate rimits, white titles L and give				
SINAI HOSPITAL	BALTIMORE 4 township)				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore Days	118 N. GREENE ST				
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	JAN 28 1891 60				
work done during most of working life, even if retired)					
13. FATHER'S NAME	DALTIMORE, Md. U.S.A.				
T / V R T	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	JENNIE GUNDINA				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
UNK	MR. WM Whillen - 118 N. GREENE				
18. 434. V 1 CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DNARY EDEMA				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DNARY EDFMA				
Injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	BRONCHIAL ASTHMA				
(c)	DRONCOILL ASTAMA				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CON-					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)				
Z CAOSE OF BEATA	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					
m. WHILE AT NOT WHILE MORK AT WORK					
22. I hereby certify that I attended the deceased from	ULY 19 , 1957, to JULY 20, 1951, that I last saw the				
deceased alive on JULY 20, 1951, and that death occur	rred at 5 A.m., from the causes and on the date stated above.				
23A. SIGNATURE	23B. ADDRESS   23c. DATE SIGNED				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)				
TION REMOVAL (Specify)	Ball ha				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTION ADDRESS				
LOCAL REGISTRAR	Prob 132 - Les Les Pa				
VS 150	1. your soos fruging				
VS 130	// 110				
	112				



51 6383

Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CLARA MITCHELL DEATH July 19, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF 'f not in hospital or institution, give street address or Maryland c. City or Town HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 108 North Shroeder Street township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 108 North Shroeder Street Days 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Vidor Female Colored 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR' 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. JAFORMANT (If yes, give war or dates of service) (Yes, no or nphnown) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Hypertensive Heart Disease heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB ED UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes A, accident . suicide ., homicide ., undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 3 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR ..... 24a. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 151

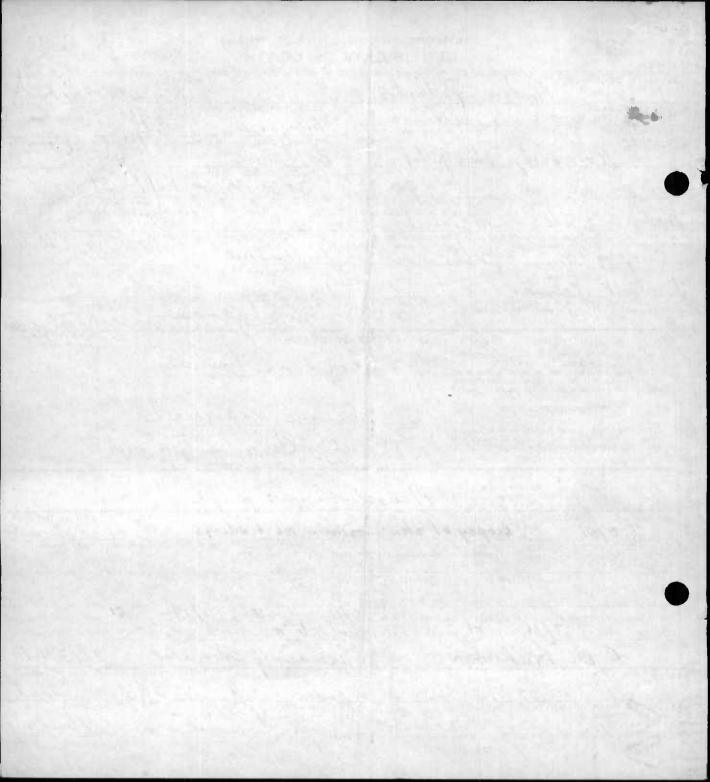


36	5
51	6384
BIDTH	NO

## CERTIFICATE OF DEATH

	51	6384
Registered	No	OCCH

B. FULL NAME OF MOSPITAL OF MATERIAL OF INSTITUTION (It outside corporal line write duties or location) location (CITY OF JOWN) (It outside corporal line write with and grown hospital (It outside corporal line write with and grown hospital (It outside corporal line write with hospital of material) (It outside corporal line write with hospital of material (It outside corporal line write with hospital of which with the work hospital (It outside corporal line write with hospital of which with death of writing with hospital of which with with hospital of which with death of writing with hospital of which with with with hospital of which with death, but to which with death of writing with hospital of which with with with with with with with wit	В	IRTH NO.	OERTH TOAT	E OI DEATH			
Bellimore City, Maryland Sulfmore Delta Institution, give street address or location of the property of the pr			ton Petritis		OF ()	ly 19-1951	
DISEASE OR CONDITION DIRECTLY  TO DISEASE OR CONDITIONS, IF ANY, CIVING BOOK ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, CIVING BOY OF THE ABOVE CAUSE OR SCHOLLING, ANY CIVING BOY OR CAUSE OR CONDITIONS, IF ANY, CIVING BOY OR CONDITIONS CAUSE OR CONDITIONS	A.	Baltimore City, Maryland	Ballimore	A. STATE	here deceased lived.  B. COUNTY	linstitution: residence before admission)	
OF STREET ADDRESS (IF TURE), grycyferaido)  5. SEX  6. COLOR OR RACE  WOONWED, DIVONCED (Specify)  MALE  MAL	H	OSPITAL OR		C. CITY OR TOWN (If	outside corporate li	dis, write (URA), and give township)	
S. SEX MOLE  MICHOPATION (Girehadd)  S. SEX MOLE  MICHOPATION (Girehadd)  MONTH DAY 1/20  MONT		MAINERSTRY		D. STREET ADDRESS (If	1 0 11	<+	
More Application of the part of the property o	5		Days  7. SINGLE, MARRIED.	8. DATE OF BIRTH		Il Under   Year   Il Under 24 Hours	
WHAT COUNTR  Is a proper of the country  Is a proper of		male white	MATTIECL		53	Months Days Hours Min.	
15. WAS DECRASED EVEN IN U. S. APHED FORCES?  15. WAS DECRASED EVEN IN U. S. APHED FORCES?  (Yes, no or unknown) (If yes, give war or defee of service)  16. SOCIAL SECURITY NO.  3.2. MARCH CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED  19. DATE OF OPERATION 19.8 MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19.8 MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19.8 MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19.8 MAJOR FINDINGS O	wor	done during most of working life, even if retired		1 11	reign country)	12. CITIZEN OF WHAT COUNTRY?	
(Yes, Do Or Unknown)  (Hyes, give war or deteo of service)  SECURITY NO.  SECURITY NO.	13	S. FATHER'S NAME	SH . Pyano	14. MOTHER'S MAIDEN NA	AME		
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenis, etc. It means the disease, injury or complication which caused death, DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING PIECE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION PIECE AND PIECE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location)  19. DATE OF OPERATION DISEASE OF CONDITION CAUSING IT.  19. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location)  20. AUTOPSY?  7. S. S. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location)  21. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING DOUBLE AND A SHOP COLURS OF THE WORK AT WORK	(Ye	5. WAS DECEASED EVER IN U. S. ARME m, no or unknown) (If yes, give war or det		17. INFORMANT		AODRESS	
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dring, e.g., (A)  MATECEDENT CAUSES  ANTECEDENT CAUSES  (B)  CULTARIC POLICIANIE  (C)  CULTARIC POLICIANIE  (B)  CULTARIC POLICIANIE  (B)  CULTARIC POLICIANIE  (B)  CULTARIC POLICIANIE  (C)  CULTARIC POLICIANIE  (C)	_	18 1/2/12 and	CAUSE	Suprime ( e)	retes 30:	1 INTERVAL BETWEEN	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO POSIGHE CARCENOMINED WITHOUT CONDITIONS CONTRIBUTION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION LAST.  19A. DATE OF OPERATION 20 AND		DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me	DIRECTLY ATH of dying, e. g., eans the disease,	erliac Fa	lure	ONSET AND DEATH	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CONSIDER CANCEL ORDER OF CAUSE (A) STATING THE DUE TO COLOR ORDER OF CAUSE (A) STATING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR COUNTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR COUNTRIBUTING OR COUNTRIBUTING About home, farm, factory, street, officebles, etc.) 1NJURY OCCUR?  21A. ACCIDENT WAS UNDER. LYING OR COUNTRIBUTING OR COU		ANTECEDENT CAUSES OF THE PROPERTY OF THE PROPE					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e.g., io or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OID INJURY OCCUR?  22. I hereby certify that I attended the deceased from Mork wille AT WORK  23B. AODRESS 23C. DATE SIGNET  24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  DATE RECEIVED BY REGISTRAR SIGNATURE  195. FUNERAL DREEFOR ADDRESS  A	ICATI	UNDERLYING CONDITION LAST.  RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO POSSIBLE CANCER MEMBERS WITH					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e.g., io or CAL REGISTRAR S SIGNATURE)  21B. PLACE OF INJURY (e.g., io or CAL REGISTRAR S SIGNATURE)  21B. PLACE OF INJURY (e.g., io or CAL REGISTRAR S SIGNATURE)  21B. PLACE OF INJURY (e.g., io or CAL REGISTRAR S SIGNATURE)  21B. PLACE OF INJURY (e.g., io or CAL REGISTRAR S SIGNATURE)  21C. WHERE DID (If in Baltimore City, give exact location)  11DJURY OCCUR?  21C. WHERE DID (If in Baltimore City, give exact location)  11DJURY OCCUR?  21F. HOW OID INJURY OCCUR?  22F. HOW OID INJURY OCCUR		OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	NOT RELATED I ON MA	Ausim o per	sheral ede	en o	
21b. TIME (Month) (Day) (Year) (Hour)  Property Mat I attended the deceased from Mork at work  22. I hereby certify that I attended the deceased from Mork at work  22. I hereby certify that I attended the deceased from Mork at work  23. SIGNATURE  23. SIGNATURE  24. BURIAL. CREMA. 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  24D. FUNERAL DIRECTOR  ADDRESS  ADDRE	AL	19A. DATE OF OPERATION	7 1 1 1 1 1		As .		
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW OID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1, 195, and that death occurred at m., from the causes and on the date stated above  23A. SIGNATURE  24A. BURIAL. CREMA. 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)		LYING OR CONTRIBUTING	2 B. PLACE OF INJURY (c. g.,	io or   21c. WHERE DID (I	f in Baltimore City	- 42	
22. I hereby certify that I attended the deceased from 6/11 195, to 7/19, that I last saw the deceased alive on 7/11 195, and that death occurred at 6 m., from the causes and on the date stated above 23A. SIGNATURE 23B. AODRESS 23B. AODRESS 23C. DATE SIGNET 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Tion, Removal (Specify, 1923 -/187) Holy Redeased Tion, Fel Med 24D. Registrar Signature 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Tion, Removal (Specify) Registrar Signature 25C. Funeral Director 43D Homelan 43D Homel	2		WHILE AT NOT WHILE		OCCUR?		
23A. SIGNATURE  23B. AODRESS  UNIVERSE 23C. DATE SIGNET  24A. BURIAL, CREMA. 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  (State TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR S SIGNATURE  LOCAL REGISTRAR  110 ADDRESS  LOCAL REGISTRAR  1110 ADDRESS  LOCAL REGISTRA		22. I hereby certify that I attended the deceased from 6/11 195, to 7/19, that I last saw the					
24a. BURIAL. CREMA. 24B. DATE  24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  (State TION, REMOVAL (Specify)  ALL Specify  DATE RECEIVED BY REGISTRAR S SIGNATURE  LOCAL REGISTRAR  (1) (State Tion, Removal of Cemetery or CREMATORY)  24b. LOCATION (City, town, or county)  (State Tion, Removal of Cemetery or CREMATORY)  (State Tion, Removal		23A. SIGNATURE	Lordson	23B. AODRESS	re causes and on	23C. DATE SIGNED	
100 1951 Lente stor Williams, Mar Joseph Rasinskas In 430 Homelan	2. TI	4A. BURIAL, CREMA- 24B. DATE		ERY OR CREMATORY 24D. L.	OCATION (City, tow		
The factor of th		OCAL REGISTRAR	. de - 16/11: 9 . See mot	25. FUNERAL DIRECTOR	afa Q	ADDRESS	
	=5		5104	1 Janes		9012	



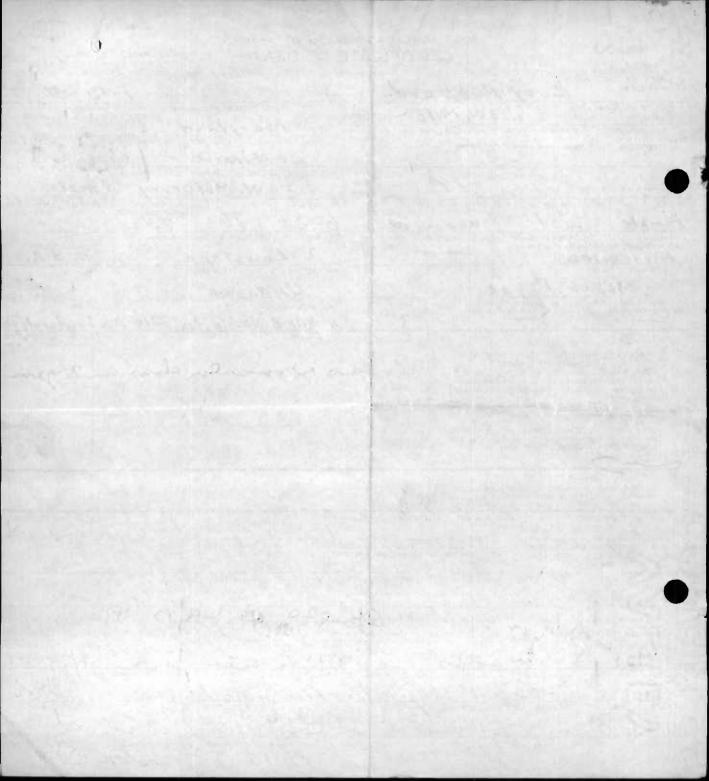
16	3
51	6385
BIRTH	NO.

51 6385

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Lucy Hubbard OF -17-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland //23 W. Mulberry St B. COUNTY before admission) MAYYIAAd B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate lights, write RUP and give C. CITY OR TOWN INSTITUTION township; BAltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1123 W. Mulberry length of stay in Baltimore 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. SINGLE, MARRIED B. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 105 FCMALE WIOOW 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) U. S.A. INDUSTRY HOUSE WIFE LOUSIAMA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOSES UN KHOWA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CAL 218. PLACE OF INJURY (e. g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 195 that I last saw the deceased alive on . 195 and that death occurred at. the causes and on the date stated above 23c. DATE SIGNED 24C. NAME DESCEMETERY DATE RECEIVED BY ADDRESS

VS 150

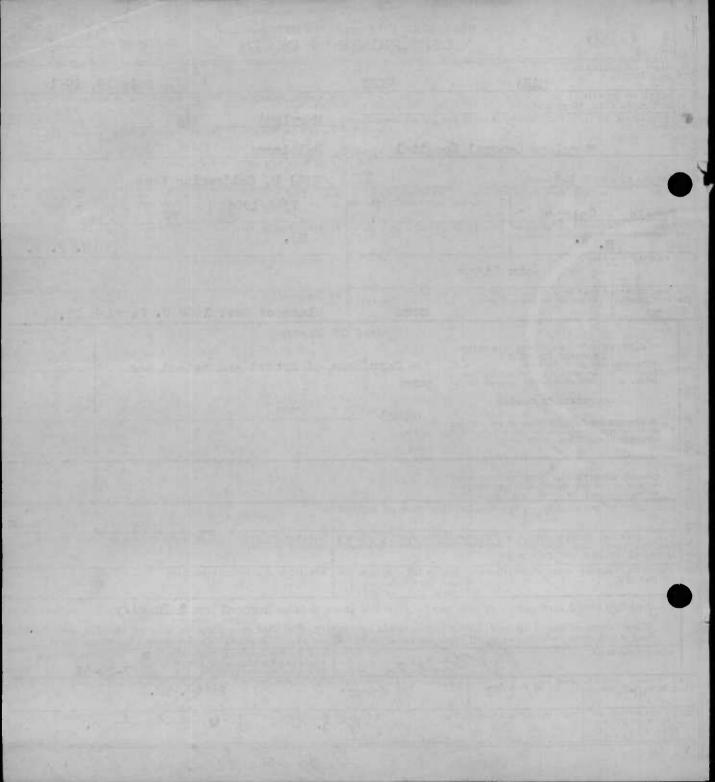
F. Preston SX



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1 6386

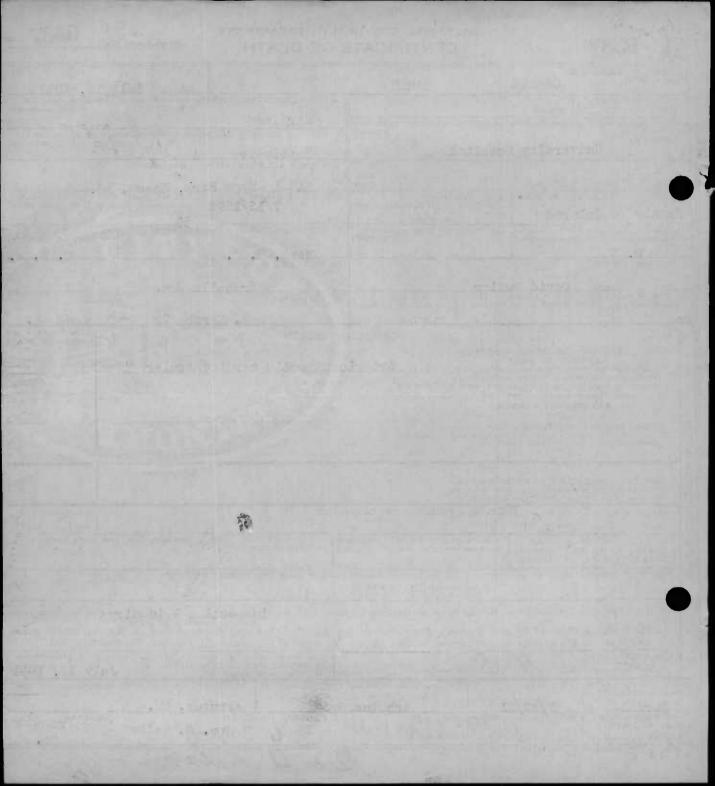
NAME OF DECEASED 2. DATE (Type or Print) MARY WEST DEATH July 19, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate firm) AL and give INSTITUTION township) Maryland General Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore 2101 W. Coldspring Lane Days 6. COLOR OR RACE 9. AGE (In years lit Ender | Year lit Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF BIRTH 7/26/1906 7. SINGLE, MARRIED WIDOWED, DIVORCED Wescify) Female Colored 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY Mid. WHAT COUNTRY U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Diggs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO Clarence West 1450 N. Parrish St. no none 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e.g., (A) Carcinoma of breast and metastases heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XINE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: DICAL NO X 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [ CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 2. I certify that I took charge of the remains described above, held an Inspection & Inquiry, thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR M.D. 24A. BURIAL. CREMA-240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify Mt Auburn 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



6	20
51	6387
BIRTH	NO.

# CERTIFICATE OF DEATH Registered No. 6387

BIRTH NO.	907		CERTIFICATI	OF DEATH	- Registere	4 110
1. NAME OF I (Type or Print)	CARRIE		MARSH		2. DATE OF	7 74 7
3. PLACE OF I			nonam	4. USUAL RESIDE	NCE (Where deceased lived	1 18 1957 If institution: residence
A. Baltimore	City, Maryland	al or instituti	on, give street address or	A. STATE Maryland	B. COUNTY	before admission)
HOSPITAL OR			location)	C. CITY OR TOWN		mits, write RURAL and give
INSTITUTION	University	Hospital	1	Baltimon	re	township)
ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE		55000
Female	6.COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	1/10	last birthday)	Months Days Hours Min.
work done during most	CCUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY		state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER S	NAME			14. MOTHER'S MA	IDEN NAME	U. S. A.
	David B	n+law	Lagrand Process	4	raballa Jonas	
15. WAS DECEAS	ED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	CESTOE HOUSE NOTICES	ADDRESS
no		,	none.	Tina	A. Warsh 726 C	burberland St.
C C C C C C C C C C C C C C C C C C C	INSE OR CONDITION LEADING TO DEA' es not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSE ES OR CONDITIONS. I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION G TO THE OEATH, BUT DISEASE OR CONDITION	of dying, e. g of dying, e. g ons the disease caused death.  SES  F ANY, GIVIN STATING TH OST.  ITIONS CON NOT RELATE.	(B)	osclerotic c	ardiovascular d	isease
	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in rm,factory,street,office bldg.,e			y, give exact location)
	(Month) (Day) (Year)	w	HILE AT NOT WHILE WORK AT WORK	21F. HOW DID	INJURY OCCUR?	
12. I certify that I took charge of the remains described above, held an inspection & income autopsy, Inspection or Industry, find that said deceased died of and death in my opinion resulted from: natural causes X, accident \( \Boxed{\omega}\), suicide \( \Boxed{\omega}\), homicide \( \Boxed{\omega}\).  23a. SIGNATURE  ASSISTANT MEDICAL EXAMINER						the day stated above,
24A. BURIAL, TION, REMOVAL (	Specify)		4c. NAME OF CEMETE		24D. LOCATION (City, to	
Burial DATE RECEIVE LOCAL REGIST			aulis, M.M. !	25. FUNERAL DIRE	3 Geo. 6. Kelso	n f383 Fresstma
V S 1st	3		J.	Leo. S.	Kelson	-93) V

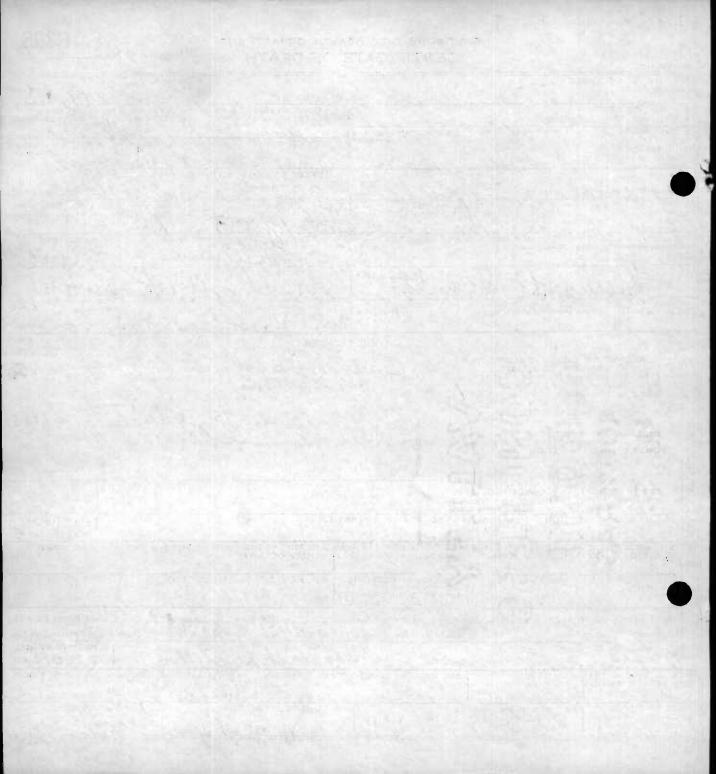


51 6388

#### BALTIMORE CITY HEALTH DEPARTMENT

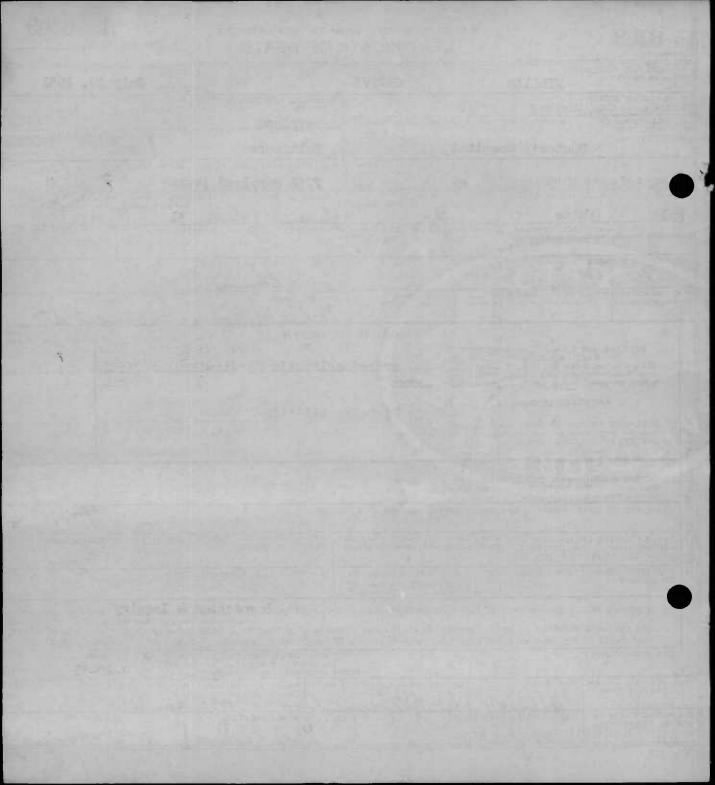
51 6388

BI	CERTIFICATE OF DEATH Registered No.	
	NAME OF DECEASED 2 2 DATE 1	
(T	Type or Print)	in law
3	PLACE OF DEATH:  DEATH WAY  PLACE OF DEATH:  DEATH WAY  PLACE OF DEATH:	192175/
	To the contract of the contrac	efore admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	remove
IN	OSPITAL OR OSPITAL OR C. CITY OR TOWN (If outside constrate limit) w	
0	3329 Inalling The Softmone. Whan	u township)
	Yrs. D. STREET ADDRESS (If rural not location)	rang-
	most of store in Policy	dro o
5		I Year   II Under 24 Heurs
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In year) II Under MIDOWED, DIVORCED (Specify) Inst birthday) Months	
7	emale Wante morried the 17.18 85	
10	DA. USUAL OCCUPATION (Give kind of loss. KIND OF BUSINESS OR INDUSTRY) (State, or foreign country).	CITIZEN OF WHAT POUNTRY?
	Honsewile -	WHAT COUNTRY?
13	B. FATHER'S NAME N 14. MOTHER'S MAIDEN NAME O	1.4.4
	Man de la	
	Simular Sturing Sarah Marine	wan
(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDR	ress are
,	100 My ( ) ( ) Xe / ( ) 32 Total	Vin Olice
	The way of the second of the s	INTERVAL BETWEEN
	18. 4 20.0 CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	20
	(This does not mean the mode of dying, e.g.,	Nov 1930
	heart fallure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	
	and the complete of which caused death.) Doe 10	1
	ANTECEDENT CAUSES Orlemondentes Heart Discus	(10 . 1 1 gue
Z		June 1187
H	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WITH Querieles fillulation (	
<	UNDERLYING CONDITION LAST.	
2		
Ë	[]	
CERT	OTHER SIGNIFICANT CONDITIONS CON-	
2	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL	mal me	YES NO NO
5	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in Baltimore City, give	exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
Σ		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK	
		. 7 7
	22. I hereby certify that I attended the deceased from 1948 to 1948 to 1951, th	iat I last saw the
	deceased alive on July 19, 1951, and that death occurred at 920 Am., from the cadses and on the d	ate stated above.
	23A. SIGNATURE 23B. ADDRESS 1 1/2 2	3C. DATE SIGNED
	Milloute & nombre M.D. 4643 Cark Hughs tove	7/20/51
24	44. BURIAL, CREMA 48. DATE 24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or con, REMOVAL (Specify)	ounty) (State)
110	11	meta. O
6		DRESS DURES
	OCAL REGISTRAR SIGNATURE	100 7/ >
	1 201951 Markey gran / Millantis, Alle 1 Desant Dises 500, To	R STYCES
J	ULF	Timo



51 6389

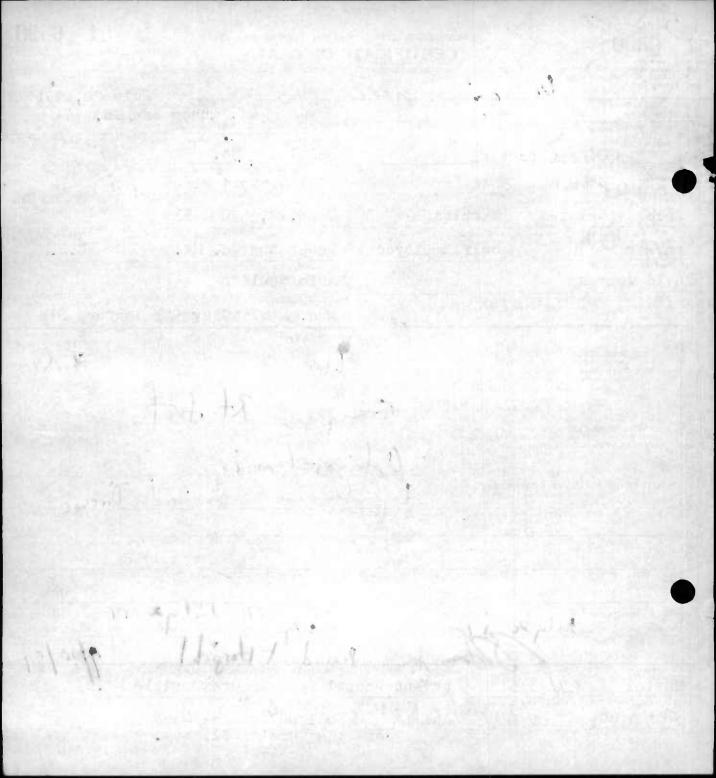
Registered No .. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) July 19, 1951 WILLIAM GREAVY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Of not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate imits, write L and give INSTITUTION Doctor's Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 2752 Marvland Avenue Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED\_DIVORCED (Specify) Male White unilo 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war of dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18 NTERVAL BETWEEN CAUSE OF DEATH 771 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) **XOEXEK** ANTECEDENT CAUSES (B) Diabetes mellitus ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING TI CAUSE OF DEATH. Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION) REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 151



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

51 6390

В	IRTH NO.		7	OLICITI TO/CIT	L OI DEMI		
1.	NAME OF D Type or Print)	ECEASED US!	1 4	Conner		2. DATE OF DEATH TIE	lv 20.1951
A		City, Maryland	Md.		4. USUAL RESID	Md. Que encounn	1. If institution : residence
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate l	imits, write RURAL and give
3	Fr	ovident Hosp	oital		Baltimore	Md.	(ownship)
	length of s	tay in Baltimore	3 Weel	Yrs, Mos. Days			14.0
	sex Male	6.COLOR OR RACE	7. SINGLE	E, MARRIED. LED. DIVORCED (Specify)		1	Months Days Hours Min.
10 wor	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		of Business or Employed	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME			14. MOTHER'S MA	AIDEN NAME	
D	avid Co:	nyer			D. STREET ADDRESS (If rural, give location 541 Sanford Place  8. DATE OF BIRTH Sept. 18, 1879  9. AGE (In years) Months Days Hours Min.  11. BIRTHPLACE (State or foreign country) Queen Ann Co. Md.  14. MOTHER'S MAIDEN NAME Maria Boulden		
1! (Ye	O. WAS DECEASE O, no or unknown)	ED EVER IN U, S. ARMEE (If yee, give war or date:	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mab	le Gray 541 S	
EDICAL CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	0	TH if dying, e.g. ns the disease aused death SES  F ANY, GIVIN STATING TH. ST.  TIONS CON NOT RELATE CAUSING I 98. MAJOR	(8)  (8)  (8)  (C)  (C)  (C)  (C)  (C)	hyrene Lachero Lacina (	Rt. foot.	Direct Autopsy?  YES NO
MEDIC	HOMICIDE	ENT, SUICIDE, (Specify)	about home, f	ACE OF INJURY (e. g., in arm, foctory, street, office bldg., e	tc.) INJURY OCCU	IR?	ty, give exact location)
	210. TIME (	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK	ED   21F, HOW DID	INJURY OCCUR?	
		live on Inly 20				to Ja , 10, 11, from the causes and o	that I last saw then the date stated above.
2 TI	AA. BUBIAL, CON, REMOVAL (S Burial	REMA- 248. DATE (pecify) 7/23/5	1	Bryans Chaj		Grasonville	20 11
	DATE RECEIVED BY REGISTRAR'S SIGNATURE (25, FUNERAL DIRECTOR? () ADDRESS  OCAL REGISTRAR  Holland Funeral Home						
-	VS 150	4			1631 Drui	d Hill Ave.	927



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6391

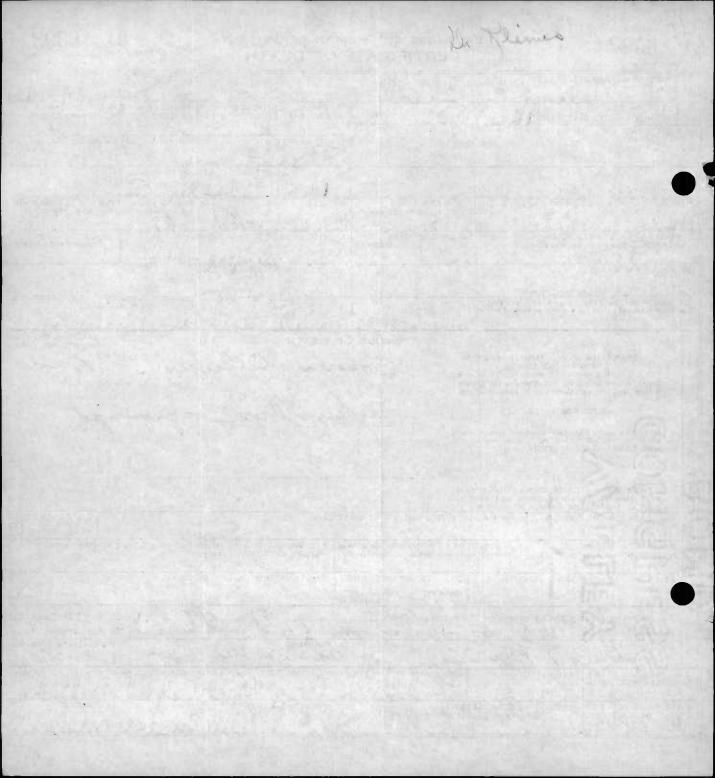
В	IRTH NO.	7-17-17				
1.	NAME OF DECEASED	100	Calabet		2. DATE OF	7 = 51
	PLACE OF DEATH: Baltimore City, Maryland	CE	Criott	4. USUAL RESIDENCE (W	DEATH / here deceased lived, I B. COUNTY	f institution : residence before admission
В.		tal or institu	ution, give street address or location)	MD. BAL	70. C/+4 outside corporate lim	10071
1	ength of stay in Baltimore		Life Yrs.	D. STREET ADDRESS (If	rural, give location)	0 54
5.	SEX 6. COLOR OR RACE		Days LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	h Under 1 Year onths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Bato.	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME		3	14. MOTHER'S MAIDEN NA	AME	
	Chas. Knott			Magdaler	na Baetz	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARME e, no or nnknown) (If yes, give wer or dete	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Chas. J. Knott	602 N. Pot	ADDRESS omac Street
ATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	TH of dying, e ans the dise caused dea SES	e.g., (A)	erculosio, 1	Javere.	
L CERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OF CONDITION	NOT RELA	TED COM A KING	sis of live		20. AUTOPSY?
MEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY	about home	ACE OF INJURY (e. g., J., e, farm, factory, street, office bldg., v. 21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	ED 21f. HOW DID INJURY	f in Baltimore City,	give exact location)
2.	22. I hereby certify that I at deceased alive on 23A. SIGNATURE	tended th	e deceased from	rred at 1 Am., from the 23B. ADDRESS		that I last saw the date stated above 23c. DATE SIGNED
TI	ON, REMOVAL (Specify)	ı <b>-</b> 51		ledemmer	Balto.,	
	ATE RECEIVED BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
	JUL 201951 - 40	tox Mi	COA C	Milly & Zefler	, тие цоз з	Wolfe Str.
			300			1313

		100
deu deu de la company de la co		
tient on lebiet	double and	
Court of theme of the Court of the Court of		
		,
		1
element I a Button, a	Table 15-1	
THE WEST RESIDENCE THE RESERVE OF THE WORLD		

11	171
4	0202
1.	6935
DIDTLE	110

Registered No. 6392

BI	RTH NO.	CERTIFICATE	OI BEATH		•
1. (T	NAME OF DECRASED  ype or Print)	Clark		2. DATE OF DEATH	w . 19 - 1951
A.	PLACE OF DEATH: Baltimore City, Maryland	Milly St	4. USUAL RESIDENCE (	Where deceased lived, IT B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION	Institution, give street address or location)	C. CITY OR TOWN (I	f outside corporate min	s, write RECAL and give township)
6	NO may reserve the second		Saltin	ans.	J township)
	ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	Aural, give location	
5.		Days    SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		under I Yeer   M Under 24 Hours nths: Days   Hours; Min.
N	A USUAL OCCUPATION (Give kind of 10	Married.	Sept-21-188	1 69	
worl	done doring most of vorking life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	CONYF	14 MOTHER'S MAIDEN N	AME	
15	WAS DECEASED EVER IN U. S. ARMED FO	DCES A SCIENT	Mykyto		
(Ye	a, no or uoknowo) (If yes, give war or dates of a	ervice) 16. SOCIAL SECURITY NO.	MAN TOO	J 21 4 M.	Ola St
	18. 420.1	CAUSE	OF DEATH	7.50 7111/2	INTERVAL BETWEEN
	DISEASE OR CONDITION DIE	('~1	oury Och	· i ou	4 mg
	(This does not mean the mode of does heart failure, asthenia, etc. It means to injury or complication which cause	he disease,	4		
	ANTECEDENT CAUSES	C.	la ela .	- ~	2 2
NO	DISEASES OR CONDITIONS, IF AN	(B)		a Jewes	Jet
ATI	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE DUE TO			
IFIC	II.	(C)			
CERT	OTHER SIGNIFICANT CONDITION THE OISEASE OR CONDITION CA	T RELATEO			
L		MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
CA			Lote Wilens Din /	To to Dollar or Other	YES NO
IEDI		21B. PLACE OF INJURY (e. g., io out home, farm, factory, street, office bldg., et		If in Baltimore City, s	rive exact location)
2	210. TIME (Month) (Day) (Year) (Horrison of Injury)		21F, HOW DID INJUR	Y OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attend	led the deceased from951, and that death occur	, 19 fg, to_	//	that I last saw the
	23A. SIGNATURE 23A.		3B. ADDRESS	the causes and on the	23c. DATE SIGNED
2.	4A, BURIAL, CREMA- 24B, DATE	M. O.	THE SE. WE	OCATION (City, town,	or county) (State)
17	ON, REMOVAL (Specify)	1 Amal PD	o Cum Fre	derich RD.	-Baltonal
	ATE RECEIVED BY REGISTRAR S.	IGM/IDR	26. FUNERAL DIRECTOR	3	ADDRESS
=	VS 150	1=1 210 11	John Hall	1 and 1497	Co. C. Viscol II



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township 28 Yrs. D. STREET ADDRESS (If rural, give location) Mee. ue Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) 8. DATE OF H Under 1 Year | II Under 24 Hours last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME Trederick 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Same NTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DF INJURY WHILF AT NOT WHILE WORK 42 1951, to , 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. 1951, and that death occurred at 11 Om., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Lamel (City, town, or county 24A. BURIAL, CREMA-24B. DATE MAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 25 FUNETAL CHRECTOR DATE RECEIVED BY REGISTRAR'S SIGNA ADDRESS LOCAL REGISTRAR 10

VS 150

atonsville 28 159

#### ASSESSMENT OF THE PARTY OF THE

	SILASTO TICATO		
CHOIL CO.			
	Many Spage Let I		
North E			

1/1.	(1:3.34

BIRTH	l NO.			CERTIFI	CATI	E OF DEATH	Registe	ered No	
1. NA	ME OF D or Print)		N CARSO	N BARNES			2. DATE OF DEATH	July 19,	1951
A. Bal		City, Maryland				4. USUAL RESIDENCE (V			on: residence pefore admission)
HOSPI	L NAME ITAL OR TUTION Wymai	US Marine 1 Pk. Drive &	Hanned day	on, give street ad	ldress or ocation)			te limits, write	RURAL and give township)
		tay in Baltimore	30 d		Yrs. Mos. Days	D. STREET ADDRESS (If			
5. SEX	M	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED Arried	(Specify)	8. DATE OF BIRTH 1/19/84	9. AGE (In ye last birthda		H Under 24 Hours LYS Hours Min.
work done	during most o	CUPATION (Give kind of of working life, even if retired) Stor		of Business IND eafarer	OR	11. BIRTHPLACE (State or fo	oreign country)	WH	SA
	1	F. Barnes				14. MOTHER'S MAIDEN N.  Lydia East	AME		
15. WA	AS DECEASI or unknown)	D EVER IN U.S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT Records- US	Marine Ho	spi tal, B	alto, Md.
TIFICATION	DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS. IF HE ABOVE CAUSE (A) TING CONDITION LA	TH f dying, e, g ns the disease aused death. ES FANY, GIVIN STATING TH	(A)	arei E t		Lung To takes	ONS	ERVAL BETWEEN SET AND DEATH  LICENSES
Ы 19/	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT	D	OPER	ATION		1 20	D. AUTOPSY?
		ENT WAS UNDER-		CE OF INJURY			f in Baltimore	YE	x No
Z 22 de	D. TIME (INJURY	Month) (Day) (Year)  y certify that I att  ive on July 19	(Hour) 2 m. cnded the	dcceased from	CCURRED WHILE TWORK TO JUI	21F. HOW DID INJURY  10 19 , 151, to Jured at 12:10Pm., from to 38. ADDRESS	ly 19 he causes and	on the date	I last saw the stated above. DATE SIGNED 19/51
DATE LOCAL	BURIAL (S REMOVAL (S (FIQ) RECEIVED L REGIST VS 150	7 - 21	- 51	Mt. Holl	14 6	US Marine Hosp RY OR CREMATORY 240. L. Emetery 5 25. FUNERAL DIRECTOR Henry Sander Baltimore		town, or count	

Many , Market winds you on test ofth of the second of th District out of the state of th THE THE TOWN OF THE COMMENT OF THE TOWN OF THE THE RESERVE LANDS

1	20
1	6395

51	6395
orietared No	

1	. 003.	)		CERTIFICA	TE OF DEAT	TH	Regist	ered No.		
-	BIRTH NO.									
1	. NAME OF E Type or Print)		afino	Capecci			2. DATE OF DEATH	July	18	1951
A		City, Maryland 3	933 Mt	.Pleasant	AVE STATE	DENCE (WI				: residence ore admission
Н	FULL NAME IOSPITAL OR NSTITUTION	OF (If not in hospi	tal or instituti	on, give street addre locat	c. CITY OR TOW	N (If o	outside compora	ite limits, w	vite (R	RAL and give
	ength of s	stay in Baltimore	lı	M	os. Joseph Josep			tion)		
5	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8 DATE OF BIRT		9. AGE (in y	ears If Unde	er 1 Year	If Under 24 Hours
-	Male	White	Marr	ED DIVORCED (Sp.	March 27		last birthd	ay) Month	s Days	Hours Min.
WOI	OA. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OF		(State or for	eign country)	12		EN OF T COUNTRY
	Labor		-	Cork &Sea		randon	e Ital	y)	AALIM	COUNTRY
1:	3. FATHER'S I	NAME		(M	14. MOTHER'S M	AIDEN NA	ME			
	Nicola	Capecci			Maria Sa	antori				
1 (Y	5. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY N	17. INFORMANT			ADDI	RESS	
		•		occontin in	Anna Cap	ecci	3933	Mt.Pl	2221	ant Ave
	18. )	4/X .		CAUS	SE OF DEATH		and the standing of the standi		INTER	VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		00	0 1	+		ONSE	AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  Squamus Cell Carelmonia Tongue  10 Mod									o moa
	heart failt	ure, asthenia, etc. It me complication which	ans the disease caused death	DUE TO	+ floor of m	outh	right	0		
		ANTECEDENT CAU			4		July	1		
Z		ANTECEDENT CAO	525	(B) Mu	etastatie 3 sa	reac	1 to 2	eche.	- 41	
RTIFICATION	DISEASE RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A)	IF ANY, GIVIN	G E DUE TO		*******************	***************************************	-701	- 1	
A	UNDERL	YING CONDITION L	AST.	202 10						
F				(0)						
E	OTHER	ll SIGNIFICANT COND	ITIONS	(C)						
CEF	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D						
1	19A. DATE C	OF OPERATION O	19B. MAJOR	FINDINGS OF O	PERATION	1			20.	AUTOPSY?
CA	214 ACCIDI	ENT. SUICIDE.	yruna	marce h	nuce 1	ione	<u>e</u>	G:	YES	NO N
EDI	HOMICIDE	(Specify)		CE OF INJURY (e. arm, factory, street, office b		JR?	in Baltimore	City, give	exact	location)
Σ		(Month) (Day) (Year	(Hour) 2	TE. INJURY OCCU	JRRED 21F. HOW DI	D INJURY	OCCUR?			
	F INJURY		m. W	WORK NOT WE						
	22. I hereb	y certify that I at	tended the			0, to 18	July	195/+	hat I I	last saw the
	deceased a	live on old July	195/	and that death of			e causes and			
	23A. SIGNA	TURE	00 1.	, /	23B. ADDRESS	2 111	1 1			TE SIGNED
	917	Mus /	XXIVI	moki M.O.	15 E. 12	rdale	, st	- 2	09	4451
2 TI	4A. BURIAL, (SON, REMOVAL (S	CREMA- 24B. DATE	2	4c. NAME OF CEM	ETERY OR CREMATORY		CATION (City			(State)
	Burial	July 21	1951	Oak Lawn	Cemetery	7225	Easter	n Ave		
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	RE G	28 JUNERAL DE	TOR 3	0 11	AL	DRES	
	111 2110		m William	AULA M.B.	Thank	Well	alloce	325 8	.Hi	gh St.

VS 150

97032

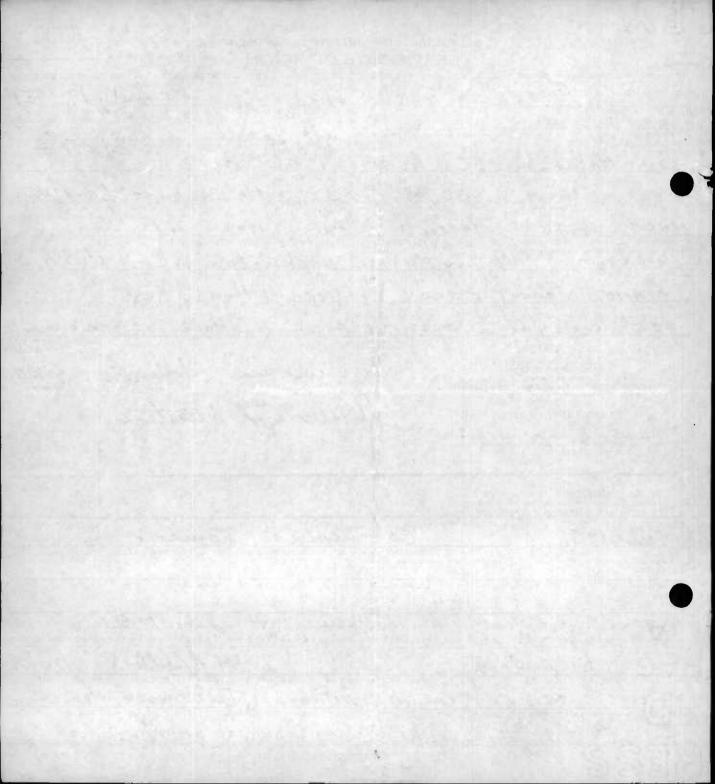
45B

THE RESIDENCE OF THE PARTY OF T lotte land Tarther than the same and the same and the same and MIAST consumption of loads at a capt unit of the property of the sounds of ared reval and I de la communication and a the limit descent the

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6396 Registered No.

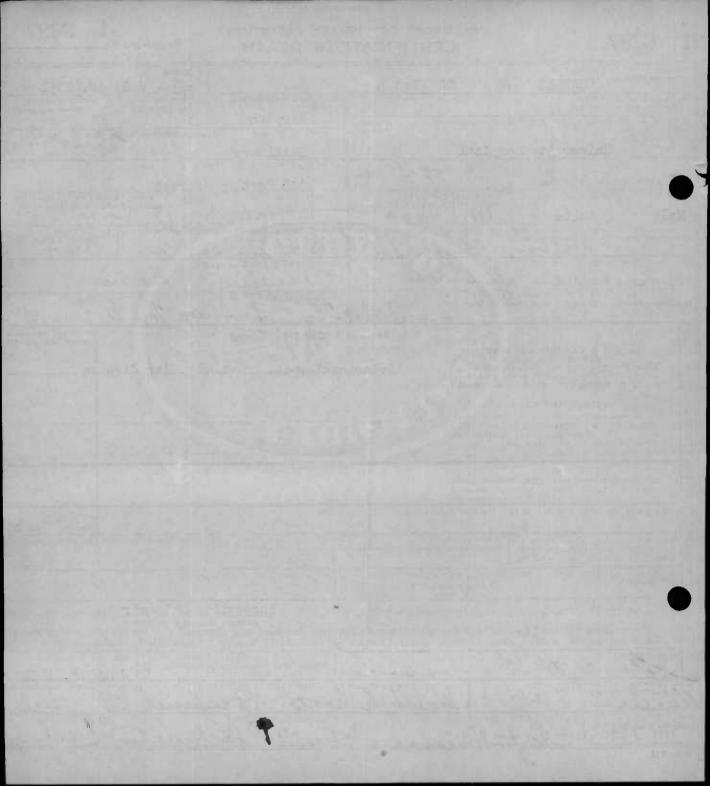
BI	RTH NO.	0					
	NAME OF D ype or Print)		nKLin	EARL	HARDY. SR	2. DATE OF DEATH JUL	119.1951
	PLACE OF D Baltimore (				4. USUAL PESIDENCE (V	Where deceased lived, If in	before admission)
В.	FULL NAME		tal or institution,	give street address or location)	MARYLANG	antaide composée limite	
IN	STITUTION	Missial	++	1	-Baltin	outside corporate limits, v	vrite LtD A Land give township)
-	2480	MASSAChu	SELLS	HUE. Yrs,		rural, give location)	
o.	Length of s	stay in Baltimore	.32	VPS. Mos.	3223 MASS	1 4.	ts AUE.
	SEX	6. COLOR OR RACE		ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) H Und	ler I Year   Il Under 24 Hours ns; Days Hours; Min.
1	YALE	white	MARA	IEQ (Specify)	DuLy 27, 1909	41	Days Hours Mill.
10 work	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retired	10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF
	MACHIN	est	CANNING	MACHINES	WAShington	D.C.	4. S. A.
13	. FATHER'S	NAME	1 /	1 (m)	14. MOTHER'S MAIDEN N	AME	
	NAM	ES ROBE	RT HA	Rdx	WORA M. HAI	edy Noss	
(Yes	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? 16	SECURITY NO.	17. INFORMANT	ADD	RESS
	YES	WORLD WA	FI 21	2-07-1738	HRRAH WANNA T	MRdy 32231	Massachusetts
	18. 15	/X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Car	reinours	Ctarre of	6 Min
	heart failu	not mean the mode are, asthenia, etc. It me	ans the disease,	(A)	ucus -uc	Siruada	DAO.
1	injury or	complication which	caused death.)	DUE TO	0. 1-1		
		ANTECEDENT CAU	SES	/1	Whaluse !	helestary	
O	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)			•••••••••••••••••••••••••••••••••••••••
AT	UNDERL	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
FIC				(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
	OTHER S	II SIGNIFICANT COND	ITIONS CON-				
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
1			19B. MAJOR FIL	NDINGS OF OPER	ATION	4	20. AUTOPSY?
SAL	tele	.1951.		Caru	nous St	omach	YES NO
EDIC		DENT WAS UNDER CONTRIBUTING DEATH		OF INJURY (e. g., in fectory, street, office bldg., o		If in Baltimore Clty, give	e exact location)
Σ		(Month) (Day) (Year	) (Hour)   21E.	INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
L	F INJURY		m. WHILI				
	22. I herch	y certify that I at			au. 1949 to	July 19, 1951	that I last saw the
	deccased a				red at 10:50Pm., from t		
	23A. SIGNA		0:+		38. ADDRESS 7 414		23c. DATE SIGNED
1	A. BURIAL,	CREMA- 248. DATE	any	M. O.	RY OR CREMATORY   24D. L	OCATION (City, town, or	1120131
Tio	N. REMOVAL	Specify)	1		1/1+1 1 17	a Etimore.	Mars I man
D	134RIA	D BY   REGISTRAR	SSIGNATURE	ALTIMORE	25 FUNERAL DIRECTOR	A ETTYORE,	DDRESS
	CAL REGIST		- Wis 1	7 5	0 1011	and the	wist 1
4	UL 411	15 Culting	en / Illian	14,8,5	G.EO. L. Jenuno	2101 MRENE	RICH MUE
	VS 150			544	34		46B
							100



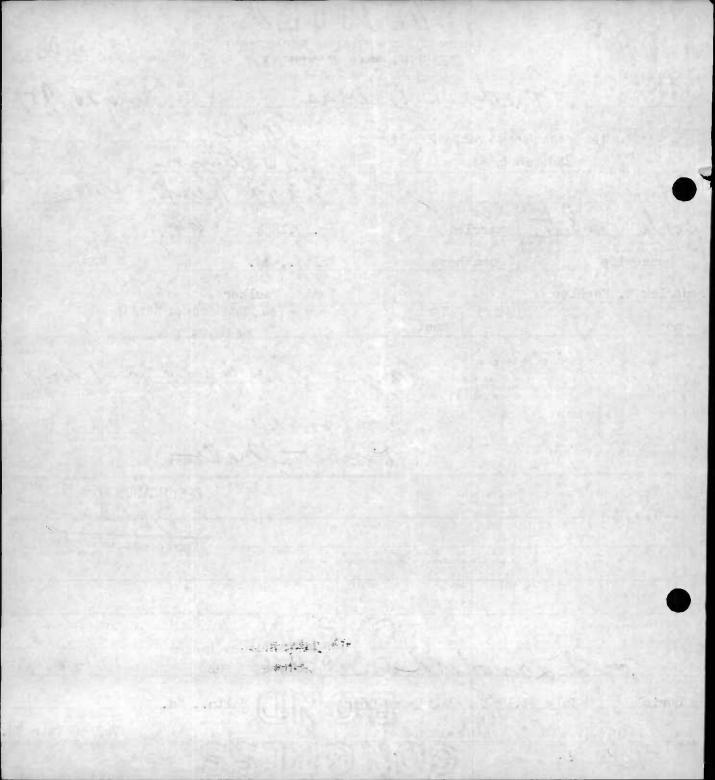
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6397

B	IRTH NO.			CERTIFICA	TE OF DEAT	H regi	stered No	
1.	NAME OF D			O T = 17.13.1		2. DATE		
	PLACE OF D	CHARLES	E	SULLIVAN	I A HELIAI PECIDI	DEATH ENCE (Where decease		4 / /
Α.	Baltimore (	City, Maryland			A. STATE	B. CO	UNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hosp	pital or instit	cution, give street address location			Tute limit, w	ite LURAL and give
11	NSTITUTION	University	Hospita	1	Baltime	ore 4	6	township
	Pro Dr.			y, Yrs	D. STREET ADDR	ESS (If rural, give lo	cation)	
	ength of s	stay in Baltimore		Mos Day		rtland Street		
	EX	6. COLOR OR RAC		LE, MARRIED, DWED, DIVORCED (Special	8. DATE OF BIRTH			f   Year   If Under 24 Hours   Days   Hours   Min.
111	[ale	White		1DOWED	JULY (st.	1877 74		17
wor	k don't diring most	of working life, even if retire	of 10B. KII	ND OF BUSINESS OR		State or foreign countr	y) 12.	WHAT COUNTRY
II	FATRER'S	Worke	U 05	roudls.	14. MOTHER'S MA	more /	us l	10H.
	S. C. C.	Ca E	At. 1	levan in	) }/		Vario	
1	5. WAS DECEAS	ED EVER IN U. S. ARN	ED FORCES?	1 16. SOCIAL		men 1	ADDR	
(Y		(If yes, give war or d		212-12-93		pesquore ;	04 MC	Heury SV
	18. 4 V	21.		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITIO		.Y				I SELL YILD DEXT
		LEADING TO DE s not mean the mod ure, asthenia, etc. It n	e of dying,	e.g., (A)Ante:	mesclerotic	cardiovascula	ır disea	5. <b>e</b>
		complication which						
		ANTECEDENT CA	USES					
Z	DISEASE	s or conditions	IF ANY, GI	(B)			***************************************	•••••••
OI.		THE ABOVE CAUSE (		THE DUE TO				
CA				(C)				
ERTIFICATION	OTHER S	II SIGNIFICANT CON	DITIONS C	ON-				
E	TRIBUTIN	G TO THE DEATH, BU	JT NOT RELA	ATED				
Ü	THE RESERVE TO THE PARTY OF THE	OF OPERATION		R FINDINGS OF OP	ERATION			20. AUTOPSY?
AL						(TA 1 T) 111	GU .	YES NO X
EDIC,	UNDERLYIN	NAL CAUSE WAS	B - about hom	LACE OF INJURY (e. g. ne, farm, factory, street, office bld	, in or 21c. WHERE D 3.,etc.) INJURY OCCU		re City, give	exact location)
AEI		(Month) (Day) (Yes		Los- Murry occur	DED OF HOW DIE	INJURY OCCUR?		
	OF INJURY	(Month) (Day) (16)		WHILE AT NOT WHILE	E	INSURT OCCURT		
	2 7	* C 121 T 1- 1 T	m.			enection & in	າ ຕາງວໍາສະ ເ	7 7 6
				te remains described		Autopsy, Inspection or	Inquiry	
	and de	idence obtained t	y said Au	itopsy, Inspection or I from: natural caus	Inquiry, find that	said deceased die	d on the $d$	ay stated above $termined$ $\square$ .
	23A. SIONA		Ø.	grow. navaras cano	23B. CHIEF MI	EDICAL EXAMINER	[] 23c. D	ATE SIGNED
	Ala	ules 18.	De		WEDICAL TIVE		THE PERSON NAMED IN COLUMN	v 18, 1951
2	BURIAL.	CREMA- 1248, DATE	1/-1	24c. NAME OF CEME	ERY OR CREMATORY	240 LOCATION (C	lity, town, or c	ounty) (State)
18	Duces	la 1/2,	/3/	Mout (	Kerell	Tredire	ile Cel	mis
	ATE RECEIVE OCAL REGIST	TRAR_	R'S SIGNA	TURE	28. FUNERAL DIR	ESTOR	A AG	DRESS
=	JUL 21	1951+tax	tor N	lians 11 "	Gusli U	Jacken.	chas/o	3 Mc Kenty
V	S 151			690	- Fee		a.	5 ) 11
				0/03			10	



	HEALTH DEPARTMENT TE OF DEATH Registered No. 6398
1. NAME OF DECEASED (Type or Print) Freda L. al	bers 2. DATE vely 20, 95/
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF The IT SHIPS HOSPITAL or location in the loca	a. STATE  B. COUNTY  B. COUNTY  C. CITY OR TOWN  Where deceased lived. If institution, residence before admission)  C. CITY OR TOWN  Of outside corporate limit, write RUFA), and give township
Pength of stay in Baltimore  Yrs Mos Day	224/ KIDE ME
S. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Speciment)   Married	s. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min. Aug. 17, 1884 Flours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife  13. FATHER'S NAME	Balto., Md. USA
ederick W. Koehler	Louise Voelker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURITY NO NONE	17. INFORMATIVE Johns Hopkins Hospitaloress Reltimore 5. Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	LOF DEATH  CONSET AND DEATH  CONSET AND DEATH  LANGUAGE  LANGUAGE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERTIFICATION APPROVED BY
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld CAUSE OF DEATH	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUF TNJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1, 19, and that death occ 23A. SIGNATURE M.D.  24A. BURIAL CREMA- 24B. BATE // 24C. NAME OF CEME	19, to 7, 19, that I last saw the urrefut the causes and on the date stated above.  23B. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED 7/20/5/ TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial July 23,1951 Baltimore Control Burial Bultimore Control Burial Bultimore Control Burian Buria	
versued by Case To be	approved 61



63	6399
DT	0000
470 A 470-787 A A	110

# CERTIFICATE OF DEATH Registered No. 6399

В	RTH NO.					- /	
	NAME OF DE	Elizabeth Ba	artenfe	elder	L. C. Al Tilde	2. DATE OF	ily 19, 1951
Α.		eath: ity, Maryland	PAINS		A. STATE	NCE (Where deceased lived	l. If institution : residence
H	FULL NAME ( DSPITAL OR ISTITUTION			ion, give street address or location)	C. CITY OR TOWN		imits, write RURAL and give
1		St. Joseph	's Hosp		Baltimore	6,	
		ay in Baltimore		fe Yrs. Mos. Days		ss (If rural, give location ler Avenue	5300
	sex Temale	6.COLOR OR RACE	Wido	E. MARRIED, VED, DIVORCED (Specify) Wed	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
1C	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF
	Housewif		At	home	Baltimore	Maryland	WHAT COUNTRY?
13	FATHER'S N			22000	14. MOTHER'S MAI		
_		Langenfelder			Elizabeth	Buck	
15 (Ye	. WAS DECEASE	D EVER IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			none	Mrs. Helen	Rohn, 1304 Sche	eler Ave.
	18. 420	1		CAUSE	OF DEATH	2,31, 2,54, 0,011	INTERVAL BETWEEN
RTIFICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS. II HE ABOVE CAUSE (A) ING CONDITION LA	FH f dying, e. g ns the diseas aused death SES F ANY, GIVIN	e, b) DUE TO (B) Coronar	ial infaret y thrombosis		
CERTIF	TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	T			
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V			l		1	- (74 ) P 111	YES NO
MEDICAL		ENT WAS UNDER CONTRIBUTING		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ty, give exact location)
-	OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	DI MOCKT		m.	WHILE AT WORK			
L	22 I bauch				737 78 10 5	V. 127 70 11	951, that I last saw the
		certify that I att		aeceasea from ou	mad a.12:15Pm	from the annual and a	n the date stated above.
	23A. SIGNAT		713-71		3B. ADDRESS	from the causes and o	23c. DATE SIGNED
		10	2/2		400 N. Caroli	ine Street	7-19-57
2.4 TI	AA. BURIAL, C	REMA- 248. DATE	00	MI. D.		24b. LOCATION (City, to	own, or county) (State)
_	burial	July 23.	1951	Zion Luthera	n Cem	Stemmers Run.	Md.
	ATE RECEIVED CAL REGISTE		S SIGNATU	JRE	25 FUNERAL DIRE	Tuned How	ADDRESS
1	VS 150	J. Lander		AND THE STREET	Jasanin	The state of the s	THOR DESCRIPTION
	VS 150	10		21. A. M. &. &9			0110

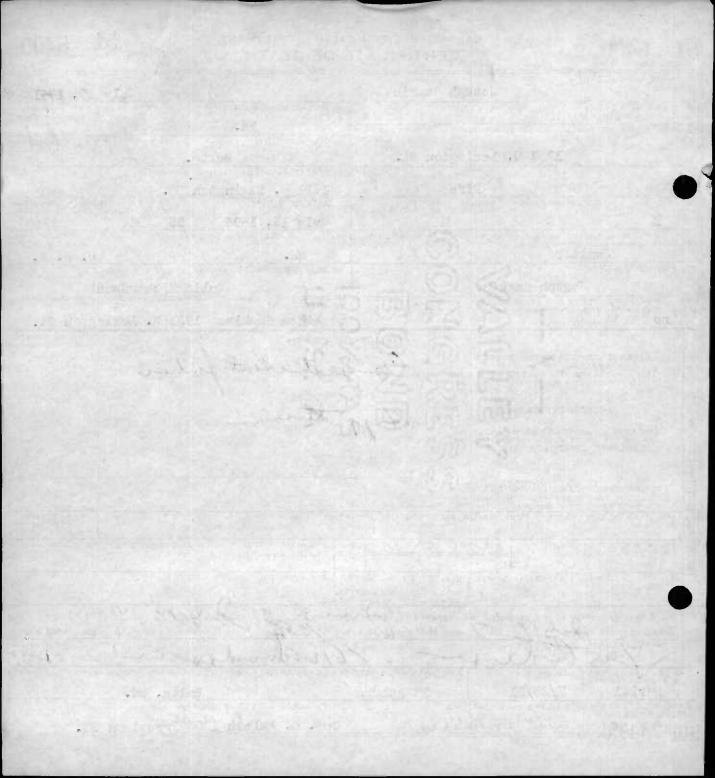
# STANDARD BY PROPER

				Laturation de	
					-114
	*	The design of			
	and the larger of				
	The state of the s				
		- mitting and it			
			HERCE WAS		
		•			
Carlo San		fewaren ka			
100		THE WAY THE			

To state of the contract of th

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

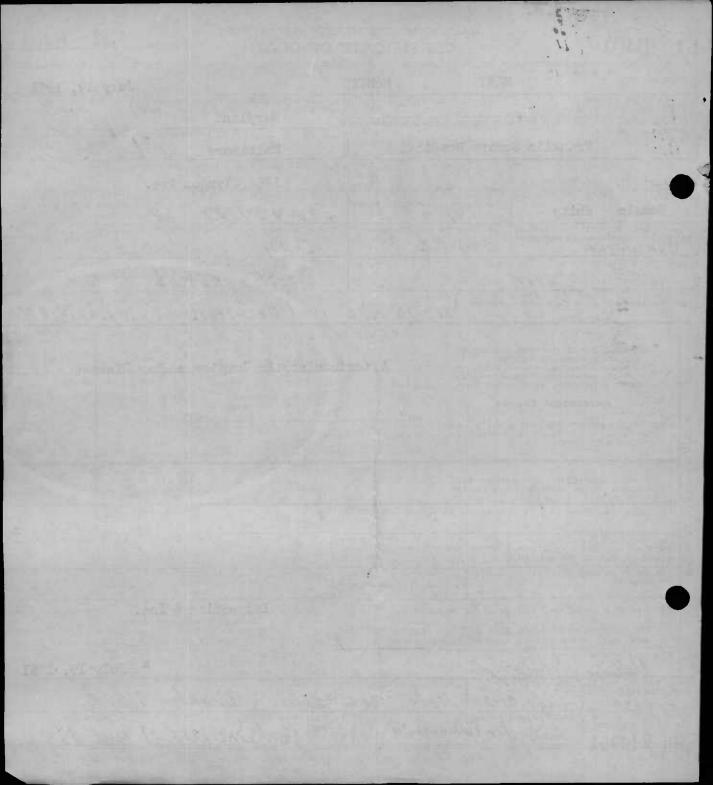
BI	RTH NO.	70		CERTIFICATI	E OF DEATH	Н	Registe	red No_	- 0 100	
1. (T	NAME OF D	ECEASED	Josep	h Gaskins		2	OF DEATH	July	19, 1951	
В.		City, Maryland	al or instituti	ion, give street address or		Md.	e deceased liv B. COUN	ved, If insti TY	tution : residence before admissi	on)
	ISTITUTION	1931 W	. Loxin	igton St.	c. CITY OR TOWN	Balto	0.	1	te EURAL and g	ive
	ength of s	tay in Baltimore	Lif	Yrs. Mos. Days	1931 W. Le	exingtor	l, give location	on)		
5.	SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	July 15,	9.	AGE (III yes		Year H Under 24 H Days Hours M	
l O worl	A. USUAL OC	CUPATION (Givekind of of working life, even if retired)  Janitor	10a, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		n country)	12.	CITIZEN OF WHAT COUNTE	?Y:
13	FATHER'S	Joseph Ga	skins	APT. Hour	14. MOTHER'S MAI		ia Rich	ardson		
		ED EVER IN U.S. ARME! (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Aiken Gas	s <b>ki</b> ns ]	1931 W.	ADDR		
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA'S not mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABDVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITION OF THE DEATH, BUT	TH of dying, e. g ins the diseas caused death SES F ANY, GIVIN STATING TH SST.	(B) GREATO	gestieke iterri	int fr	uh.	2		
O		OF OPERATION O		FINDINGS OF OPER	ATION				20. AUTOPSY	?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		CE OF INJURY (c. g., in serm, factory, street, office bldg., e			Baltimore	City, give	exact location)	
2	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY O	CCUR?			
	deceased a	TURE	1967.	and that death occur	3B ADDRESS	under	auses and	on the d	2 DATE SIGNI	ve.
	AA. BUNAL. ON REMOVAL (S Buria ATE RECEIVE	1 7/23/5	1	Mt Auburn	25. FUNERAL DIRI	E	Balto.	Md.	DDRESS	-1
	JL 2119		ton Mil	liams, Him 5	Geo G Kel	6 3	3 Pres	stmen		
	VS 150	100		1 - 3 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	1				000	



754	3
100	. 0
51 6401	44
BIRTH NO.	

# CERTIFICATE OF DEATH Registered No. 1 6401

B	RTH NO.			OLIVIII 107	* 1 \_	OI DE/(I	• •				
1. (1	NAME OF DE		MARY	McN	EIL			2. DATE OF DEATH	July	7 19,	1951
B.	PLACE OF DE Baltimore C FULL NAME C OSPITAL OR ISTITUTION	ity, Maryland		ion, give street addre locat	ss or	CITY OR TOW	yland	ere deceased li B. COUN utside corpore	ived, If in:	stitution befo	: residence ore admission
	ength of st	ay in Baltimore		IM	rs. D	STREET ADDR		iral, give locat	ion)		
	Female	6.COLOR OR RACE White		MARRIED, VED, DIVORCED (Sp.		Feb-13	Н	9. AGE (In ye		ndu l Year hs: Days	Hours: Min.
worl	Car Was			OF BUSINESS OF INDUS		7enn	State or fore	eign country)	1.	2. CITIZ WHA	EN OF T COUNTRY
	Wm W	Masm			14	Marth Marth	,	,			
15 (Ye	a, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	36	Carl Ba	charac	ch 67%	wa.	Sh. 1	3/10/.
ERTIFICATION	(This does heart failur injury or does not be seen to the UNDERLY!	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA  GRIFICANT CONDITION THE DEATH, BUT EASE OR CONDITION	TH  of dying, e. g  nns the disease  caused death  SES  F ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATE	(B)	terio	DEATH	Cardio	ovascula	r Dise		T AND DEATH
U	19A. DATE OF	OPERATION 1	9в. MAJOR	FINDINGS OF O	PERATI	ION				20. A	NO NO
MEDICAL	UNDERLYING UTING CA 21D. TIME (M	OR CONTRIB. USE OF DEATH.  Conth) (Day) (Year)	about home, fe	CE OF INJURY (e. arm, factory, street, office bi	ldg., etc.)	21c. WHERE E INJURY OCCU	IR?	in Baltimore	City, give	e exact l	ocation)
	of Injury	that I took char	m.	work Not when we work not we would n	RK	ve, held an <b>Ir</b>	specti	on & Inq		thereon	and from
	the evid and dear	ence obtained by th in my opinion	said Auto resulted fr	psy, Inspection c rom: natural car	r Inqueses	viry, find that $\Box$ , accident $\Box$ .	said dece	cased died I. homicide	on the und	leterm-r	$ned \square$ .
TIO	A. BURIAL, CR N. REMOVAL (Spe Durial	EMA-1 248, DATE	21.51	4C. NAME OF CEME	M.D.	23B. CHIEF ME ASSISTANT MI MEDICAL INV	EDICAL EX ESTIGATOR	AMINER X	Jul	y 19	
DA	TE RECEIVED CAL REGISTRA		ton 1/1	Gaulia, Mills (	25 N	FUNERAL DIR	Sc. A	317 51	Van	DDRESS	Y. /
V .	1)1		- A-	970 1	0				an	3	,/



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6402

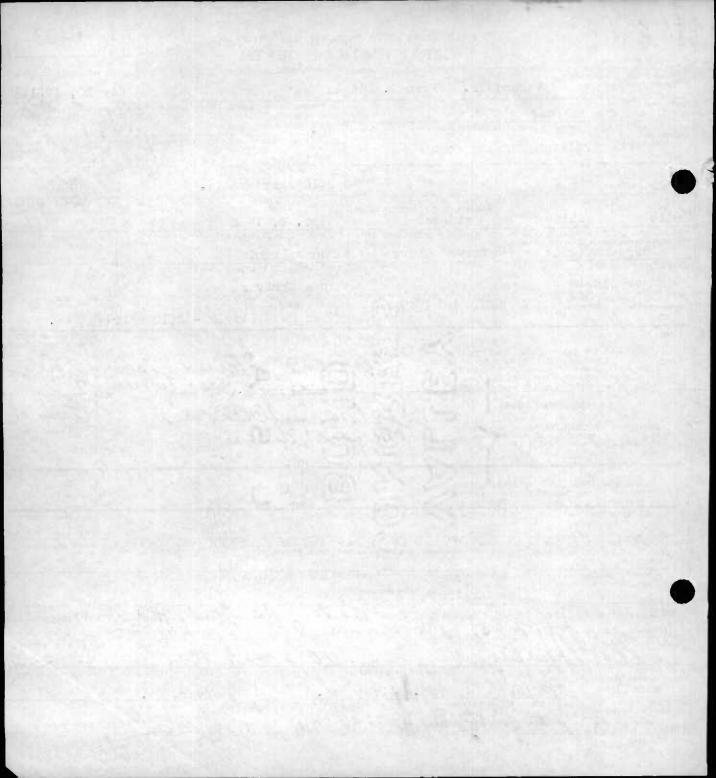
I. NAME OF DECEASED (Type or Print) 2. DATE BERTHA SWARTZ DEATH July 20,1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence E. COUNTY en admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RuRAL and give INSTITUTION Maryland General Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 3606 Clifton Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min. Female widowed White May 8, 1881 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew G. Sterling Virginia D. Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Jos. C. Sterling-P.O.Box 309, Crisfield CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bronchopneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Pulmonary embolism ANTECEDENT CAUSES (B) Sincon during propertion FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Syncope during operation TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 195 July 19 Hemorrhoidectomy 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Hospital Maryland General Hospital 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED anes-NOT WHILE 2:50 p. m. Syncope during pentothal-curare thesia WORK 22. I certify that I took charge of the remains described above, held an \_ Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, aecident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... 7-20-51 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 7/23/51 Burial Woodlawn Cem. Woodlawn. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151

See Document File 51-6402 8/10/51

11	7	4
17	GA	03
J. B.	fare	CC

#### BALTIMORE CITY HEALTH DEPARTMENT

E	BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	1 140.
1	NAME OF D	ECEASED				2. DATE	
11	Type or Print)	Revere	nd Dr.	Calvin S. Sla	gle		uly 20, 1951
	Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived.	If institution : residence
	FULL NAME		al or institu	tion, give street address or	A. SIAIL	B. COUNTY	before admission)
F	OSPITAL OR			location)		outside corporate	nits write RURAL and give
1	NSTITUTION	Ardleigh Nu	rsing !	Home		. outside corporațe	township)
	4			Yrs.	Baltimore D. STREET ADDRESS (If	was a single state of the state	
	angth of s	tay in Baltimore		Mos.	2610 Shirley Av		
5	. SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED,	8. DATE OF BIRTH		
1			WIDOV	VED. DIVORCED (Specify)		9. AGE (In years last birthday)	Months: Days Hours: Min.
11	male	White CUPATION (Give kind of	1	idowed	Sept. 4, 1856	94	
MOI	k done during most o	of working life, even i(retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	Clergyn	nan (rtd.)	Reform	ned Church	Pennsylvania		WHAT COUNTRY
1	3. FATHER'S N	VAME			14. MOTHER'S MAIDEN N.	AME	
	Edgar S	Slagle			Anna Shriver		
1	5. WAS DECEASE	D EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT		
(1	oo, no or unknown)	(If yes, give wer or date	e of service)	SECURITY NO.		2010 01:	ADDRESS
-	18. / (- 2	,			Miss Emma Slagle	- 2010 2N1	
	422			CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEAT	ru -	Dr.	0 0 25		100
	(This does	not mean the mode o	f dving, e.	8-, (A)	e bral VE	uarragg	e/2 her
	injury or	re, asthenia, etc. It mea complication which c	aused death	se,	une to JE	ut trelle	41 11 11
E		ANTECEDENT CAUS	Ec			,	
z				10/ Ur. (i	No Acles	ores	Tresuel
ON	DISEASES	OR CONDITIONS, II	ANY, GIVI	ig Oli	and the Land		7
CAT	UNDERLY	ING CONDITION LA	ST.	1.04	en la dis		
FIC				(C)			
RTIF		11					
ER	OTHER SI	IGNIFICANT CONDI	TIONS CON	١.			
Ü	TO THE OI	SEASE OR CONDITION	CAUSING I	Т			
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA							YES NO
EDIC	21A. ACCIDI	ENT WAS UNDER-	21B. PL	ACE OF INJURY (e. g., it farm, factory, atreet, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City,	, give exact location)
M M	CAUSE OF	DEATH		A test of the second or the se	INSORT OCCUR!		
	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE		)	
			m.	WORK L AT WORK L			
		certify that I att			et , 1940, to	uly 20, 19-	I, that I last saw the
	deceased al	Je or Judy Ke	, 19.57.	and that death occur	red at 1 .m., front	he couses and on	the date stated above.
	23A. SIGNAT	OHO I	2.	2	38. ADDRESS	0	2BC DATE SIGNED
-	A PUPIAL C	11 / was	4	M. D. /	40 2 rack	use	Jely 21,57
TI	4A. BURIAL, C ON, REMOVAL (S)	REMA- pecify; 24B. DATE	/	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LC	OCATION (City, tow	n, or county (State)
	Removal	7/22/51		Mt. Olivet	Cem. Han	over. Pa.	
	ATE RECEIVED		SIGNATL		35. FUNERAL DIRECTOR	1	ADDRESS
	01.0	ra huntie	tox NU	Carl Marie	Ithough to Lin	Marcal V.	X Min -
=	VS 150	31	7. 7.7.		VIII SON	rever	J VVV
	VS 150					0-5/15/16	the made

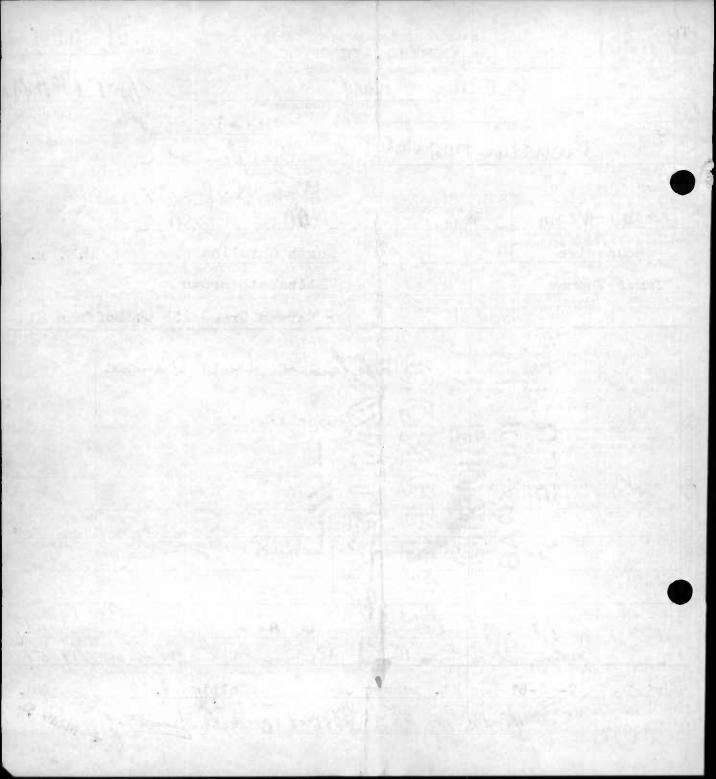


6	50	
51	6404	
BIRTH	NO.	

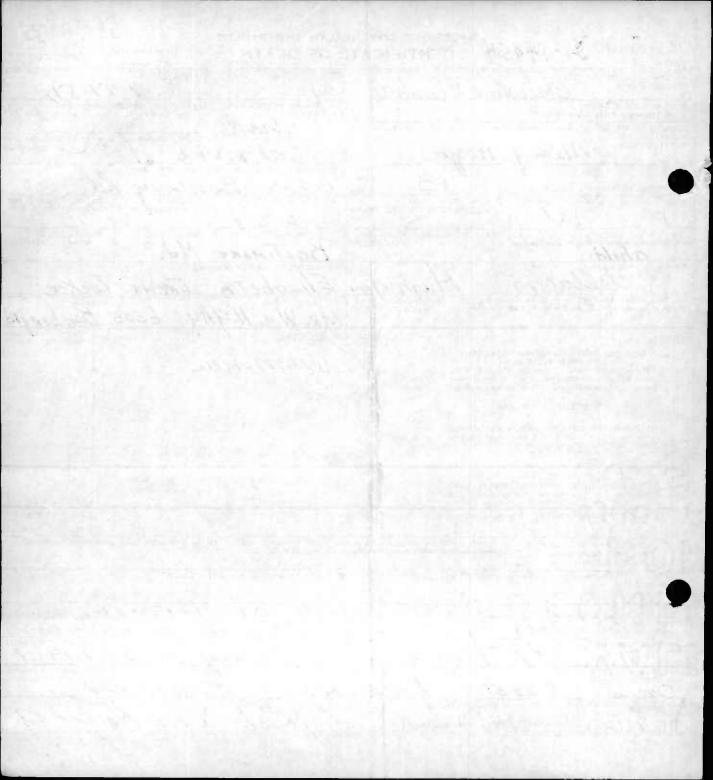
ready breaty and regions.

#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	VO.			CERTIFICAT	E OF DEAT	H Registere	PU INO.
1. NAME (Type or	OF DEC Print)	EASED Q	reen	Mar	У	2. DATE OF DEATH	1051 640 A.M.
	E OF DEA	TH: 7. Maryland			4. USUAL RESID	ENCE (Where deceased lived	
B. FULL	NAME OF		tal or instituti	on, give street address or	la l	angland	
HOSPITA	TION	Provide	int H	ospital ocation)	C. CITY OR TOWN	Him & Comporate I	limits, eritoR, LA5 and give (township)
				Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location	)
Leng		in Baltimore		Days	1127	N. Carey	
Fen	rale	Negro	MIDOW	MARRIED, ED, DIVORCED (Specify)	1960	last birthday)	Months Days Hours Min.
10A. USL work done du	JAL OCCU ring most of wo House	PATION (Give kind of rking life, even if retired) wife	108. KIND	OF BUSINESS OR INDUSTRY	North Ca:	State or foreign country;	12. CITIZEN OF WHAT COUNTRY?
13. FATH	HER'S NAM	1E			14. MOTHER'S MA	IDEN NAME	
	ames T				Elizabe	th Brown	
15. WAS	DECEASED I	VER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			mail in the	SECONT NO.	Mr Herman	Green 255 W.	Hoffman St.
PETITION IN THE CATION	art failure, jury or co	nt mean the mode asthenia, etc. It men mplication which itecedent cause (A) R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L.	ans the disease caused death SES  IF ANY, GIVIN STATING THAST.	(B) (B) (C)	enso.	Leant Duscis	
U TO	THE DISE	THE DEATH, BUT ASE OR CONDITION					
J 19A.	DATE OF	OPERATION 0 1	19B. MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
<u>О</u> 21A. НОМ	ACCIDENT	Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i	n or 21c, WHERE C	OID (If in Baltimore Ci	ty, give exact location)
21D.	TIME (Mo VJURY	nth) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	hereby cased alive	ertify that I att		deceased fromand that death occur	7/6 40 19.5 rred at 6 40 Am.	I to 7/19, 1, from the causes and o	95%, that I last saw the in the date stated above.
	SIGNATUR	ohn	21.26		3B, ADDRESS	but Hoop	23c. DATE SIGNED
Z4A. BU TION, REM	RIAL, CRE	MV- 248. DATE		4c. NAME OF CEMETE		240. LOCATION (City, to	own, or eventy) (State)
Bur	ial	7-23-6		Mt. Auburn		Baltimore,	Md.
	ECEIVED E REGISTRA	D	0 111.	RE	PS. FUNERAL DIR	ECTOR	ADDRESS 56
1111 2	1 1051	" mutic a	an 14/18	autis, film	Mitra	ress. Thus	ley giddle
VS	12901	2					/L 4.



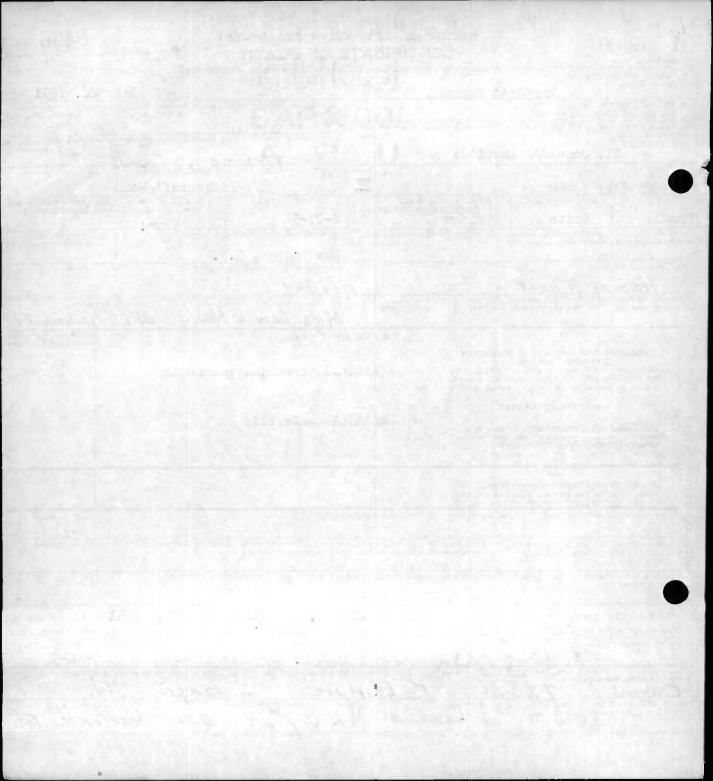
-0	00						5	1 6405
51	6405	51-1493	< H BAL	TIMORE CITY H	EALTH DEPAR	THENT	Registered N	200
BIRTH	1 NO.	01 1175	5 /	CERTIFICAT	L OF DEA		8	
	ME OF DECEA or Print)	Chus	ture &	Luabeth	Cuy		ATE OF 7-1	19-5-1
	ACE OF DEATH			1) /	4. SUAL RESI		eceased lived. If i	nstitution: residence before admission
	L NAME OF	If not in hospita	al or institution	n, give street address of		1d (If outside	Balte	, write RURAL and giv
INSTI	TUTION	Mercy	Hosi	7.	Sal	Ferrine	corporate mins	township
	noth of store	n Paltimona	0	Yrs. Mos.	D. STREET ADD	RESS (If rural, s	rive location)	PO 5200
5. SE	ngth of stay i	OLOR OR RACE	7. SINGLE.		8. DATE OF BIR			Under 1 Year   If Under 24 Hours
_F		W		ED, DIVORCED (Specify	7-6-3	7		oths Days Hours Min.
10A. U	during most of work	ATION (Give kind of ing life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		(State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY
13. FA	THER'S NAME	21.00		11	14. MOTHER'S N	MAIDEN NAME		- 11
15. W/	AS DECEASED EV	ER IN U, S. ARMED	FORCES?	Tugh GAY	FIIZAB	eth 1		ucker
(Yes, no	or unknown) (If	yes, give war or date	of service)	SECURITY NO.	MP WM	N. GAY	6305	DON hu outo
18	. 7/ 7 ^		'	CAUSE	OF DEATH	11/11/	0000	INTERVAL BETWEEN
	DISEASE OF	R CONDITION	DIRECTLY	/				ONSET AND DEATH
	(This does not	DING TO DEAT	rH f dying, e.g.	(A)	neun.	roma		
	heart failure, ast	thenia, etc. It mean olication which c	ns the disease,					
	ANTI	ECEDENT CAUS	ES					
Z	DISEASES OR	CONDITIONS, 15	ANY. GIVING	(B)	••••••	***************************************	***************************************	
ATIO	RISE TO THE AL	BOVE CAUSE (A)	STATING THE					
U				(C)	***************************************		***************************************	•••••
RTIFI	OTHER CICAL	ELGANIZ GONDU	T10115					
Ш	TRIBUTING TO	FICANT CONDITION THE DEATH, BUT TO OR CONDITION	NOT RELATED	-				
	A. DATE OF OF			FINDINGS OF OPE	RATION			20. AUTOPSY?
CAL		LIEL ES						YES NO
0 L	1A. ACCIDENT YING OR COL AUSE OF DEAT	NTRIBUTING		CE OF INJURY (e. g., rm,factory,street,office bidg.,			altimore City, g	ive exact location)
	D. TIME (Mont	h) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW D	ID INJURY OCC	UR?	
				HILE AT NOT WHILE				A STATE OF THE STA
22	2. I hereby cer	rtify that I att	ended the o	leceased from	7-19,19	57to 7 -	19,197	Ahat I last saw th
	ceased alive		, 195 1. a			n., from the car	ises and on th	e date stated above
23	A. SIGNATUR <b>É</b>	111	Thea	lesel	23B. ADDRESS	11011	thism	23c. DATE SIGNED
24A.	BURIAL CREM	A- 248. DATE		4C. NAME OF CEMENT	ERY OR CREMATOR	Y 24D COCATI	ON (City, town,	or county) (State)
13	ured	7-23	51	Tarku	rood	Da	lto 1	rd .
	RECEIVED BY L REGISTRAR 2 1 1951	REGISTRAR	S SIGNATUR	15 1 1	25 FUNERAL D	RECTOR 53	05 Ha	ADDRESS Co
	VS 150	1			0		1	
11								10912



	53
6	
51	6496

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	140
1.	NAME OF D	ECEASED				2. DATE	
r)	1. NAME OF DECEASED (Type or Print)  Margaret Brendel					OF -	y 20, 1951
3.	PLACE OF D	EATH:	GO DIG	nder	4. USUAL RESIDENCE (		
Α.	Baltimore (	City, Maryland			A. STATE	B. COUNTY	before admission
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or	Maryland		1.1
	ISTITUTION			location)	C. CITY OR TOWN (II	f outside corporate limi	s, write RURAL and give
1	S	t. Joseph's H	lospita.	L	Baltimore	6 Lone 1	township
	<b>4</b>			52 Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
	ength of s	stay in Baltimore		Mos:	3822 Bio	gecroft Road	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		H Under I Year   H Under 24 Hours
Fo	ma la		WIDOV	VED, DIVORCED (Specify)		last birthday) M	onths Days Hours Min.
11	male	White	Wid		7-27-98	52yr:	
WOL	k done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
1	At ho	me			Washington, D.C.		WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N		7
	400	Ry PLOCK			Mapy		./
1 =	WAS DECEASE	RY LOCK ED EVER IN U. S. ARME	reneres	1 10 00000	1144		
(Ye	u, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS ,
					MRS. Lewis N	Ga/4 382	3 Kidgecraff
	18. 9/	1 t V		CAUSE	OF DEATH		INTERVAL BETWEEN
	- 7	^ 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA					
	(This does	not mean the mode of	f dying, e. 1	r., (A)Termi	nal bronchial pne	eumonia	
	injury or	re, asthenia, etc. It mea complication which of	ns the diseas	e,			
	100	ANTECEDENT CAUS	SES				
Z	DISEASES	S OR CONDITIONS, I	FANY GIVE	(B)	ple sclerosis	***************************************	
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TI				
X	UNDERLY	YING CONDITION LA	ST.	(C)			
RTIFICATION							
E		11					
2		GIGNIFICANT CONDI					
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		7					YES NO
No.	21A. ACCID	ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e.g., in	or 21c. WHERE DID (	If in Baltimore City,	
	LYING O	R CONTRIBUTING	about home,	farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
Σ	CAUSE OF						
	F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
					3 0 29/	- 3 00 =	
22. I hereby certify that I attended the deceased from July 3,					ly 3, 195/to	huly 20, 195	, that I last saw the
	deceased a	live on July 20,	1951	and that death occur	red at 12:15 m., from t	he causes and on t	he date stated above
	23A. SIGNA	TURE			3B. ADDRESS		23c. DATE SIGNED
		01 100	33	M. D.	1400 N. Caroline	Street	7-20-51
24	AA. BURIAL. (S	CREMA- 24B DATE	0	24c. NAME OF CEMETE	RY OR CREMATORY   240. L	OCATION (City, town	or county) (State)
Tit	-	1 400	-51	R-17.	4 40	RANTO	MJ
-	OUTLA!	D BY   DECISED NO	C SIGNIT	Daktim		JASSIO.	ADDRESS T
	DCAL REGIST	RAR	- Table	THE THE THE	25. FUNERAL DIRECTOR	11	ADDRESS
	1111 21	1951 miling	un like	Carlos Halia	L. V. Nuess	5305 Na	MORD. Nd.
	VS 150			44 - 44 - 44			
	V3 130		14.7				1-



36	6
51 BIRTH NO	6407

# CERTIFICATE OF DEATH Registered No. 6407

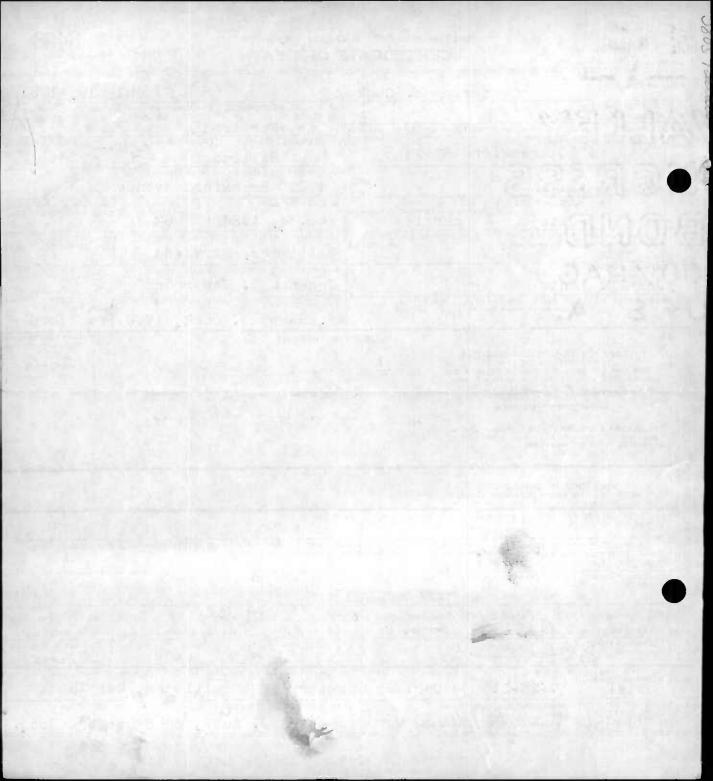
BIRTH NO.		OI DEATH				
1. NAME OF DECEASED (Type or Print) Philomenia M.	. Pete	ersam	2. DATE OF DEATH JU	ly 19, 1951		
3. PLACE OF DEATH:	- 1	4. USUAL RESIDENCE	(Where deceased lived	. If institution; residence		
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street ac	address on	A. STATE Marvlan	B. COUNTY	before admission		
	location)			nits, write RUR and giv		
4501 Mannasota Avenue		Bal ti mo		township		
	Yrs.	D. STREET ADDRESS (		Net		
Length of stay in Baltimore	Mos. Days	4501 Mannas				
5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours Min.		
f@male white widowed	I	May 27,	17.	Months Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	SS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
at home	E	Baltimore, Ma		WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
John Nuth	F	Philomenia Ro	esner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	TV NO	17. INFORMANT		ADDRESS		
SECURITY	IT NO.	Mr. John Pete	rsam. 7825			
18. 332 X . CA		F DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		- 0		DNSET AND DEATH		
(This does not mean the mode of dying, e.g., (A)	Cercl	rai Throw	loses	10 kays.		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	heart failure, asthenia, etc. It means the disease					
		to real transfolding				
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	~		***************************************			
UNDERLYING CONDITION LAST.	aler	io & Cleros	io			
(c)			***************************************			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED						
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OF OPERA	TION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY	V (a a in a	or   21c. WHERE DID	/16 '- D-14' G''	YES ND		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off	office bldg., etc.	INJURY OCCUR?	(II in Baitimore City	y, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	OCCURRED	21F. HOW DID INJUF	RY OCCUR?			
WHILE AT NO	NOT WHILE	7				
		1017/10	0 .6	5-1		
22. I hereby certify that I attended the deceased from deceased alive on 15, 195, and that death		, 19 to	19 , 19	51, that I last saw the		
deceased alive on 15, 1951, and that death		B. ADDRESS	the causes and on	the date stated above.		
1 S D fording	M. D.	3805 Bely	i RD	Only 20/51		
24A. BURIAL CREMA- 24B. DATE / 124C NAME OF C		Y OR CREMATORY   24D.	LOCATION (City, toy			
Burial 7-23-51 Holy R.	1.0	_	altimores			
DATE RECEIVED BY   REGISTRAR'S SIGNATURE		5. FUNERAL DIRECTOR	3 7 - 0	ADDRESS		
LOCAL REGISTRAR	S 53	Sept.	1- 5305 U-			
301 2 301	11	Leonard J.Ruc	R, OOUS MA	Trond road.		

1 6408

#### BALTIMORE CITY HEALTH DEPARTMENT

51 6408

CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Catherine E. Cook DEATH July 19, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION C. CITY OR TOWN 4700 Frankford Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Frankford Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) female white married Feb. 4, 1884 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Lentz Johanna D. Hauermann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO. Mr. Harry A. Cook, 4700 Frankford CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ¿ Hemorchage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO arturo 5 cherosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 20. AUTOPSY? 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 11 24 , 195, that I last saw the deceased alive on July 18, 1951, and that death occurred at 40. m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SJGNED Jardina 3805 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) Burial 7-23-51 Oaklawn Cemetery Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Leonard J. Ruck, 5305 Harford Road. VS 150



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Pfint)

HE COICH

3. PLACE OF DEATH: OF DEATH 4. USUAL RESIDENCE (Where deceased a ed. If institution; residence A. Baltimore City, Maryland A. STATE before admission) Badda C. A.
HI outside corporate limits write RUBAL in give township B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION hore TIMORY D. STREET ADDRESS Yrs. (If rural, give location MUSI Length of stay in Baltimore Dem 5. SEX 6. COLOR OR RACE AGE (In years It Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min. If Boder 24 Hours WIDOWED, DIVORCE (Specify) 10A. USUAL OCCUPATION (Givekind of BUSINESS OR 11. BIRTHPLACE (State or foreign county) 10B. KIND OF 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED WER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Solveris Se RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OFERATION 21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) ă HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY\_OCCUR? 22. I hereby certify that I Attended the deceased from\_ ., that I last saw the deceased alive on. . 19\_\_ and that death occurred at 105 km., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) TION 7-24-51 OAKLAWN BALLIMORE Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS

653950 MARK

The second of the state of the second of the

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DANIELS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATEMO A. Baltimore City, Maryland B. COUNTY A un befor admission) Anna Men B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore salletue Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) mele 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY chile 13. FATHER'S NAME earge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. 40 Samo INTERVAL BETWEEN 18. 200.2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES NO 1 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-百 about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH none

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WORK

WHILE AT NOT WHILE

> 195/ to. 21 , 1957, that I last saw the

22. I hereby certify that I attended the deceased fromul 20, 1951. and that death occurred at 720 deceased alive on\_\_\_

Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-24B. DATE

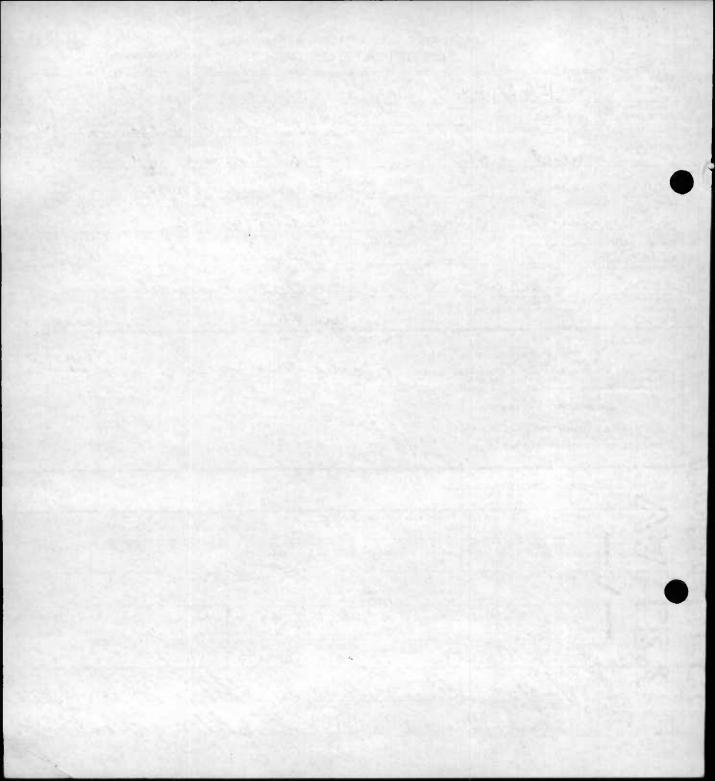
NAME OF CEMETERY OR CREMA

DATE RECEIVED BY REGISTRAR S LOCAL REGISTRAR

VS 150

INJURY

23A. SIGNATURE



-4	20
51	6411

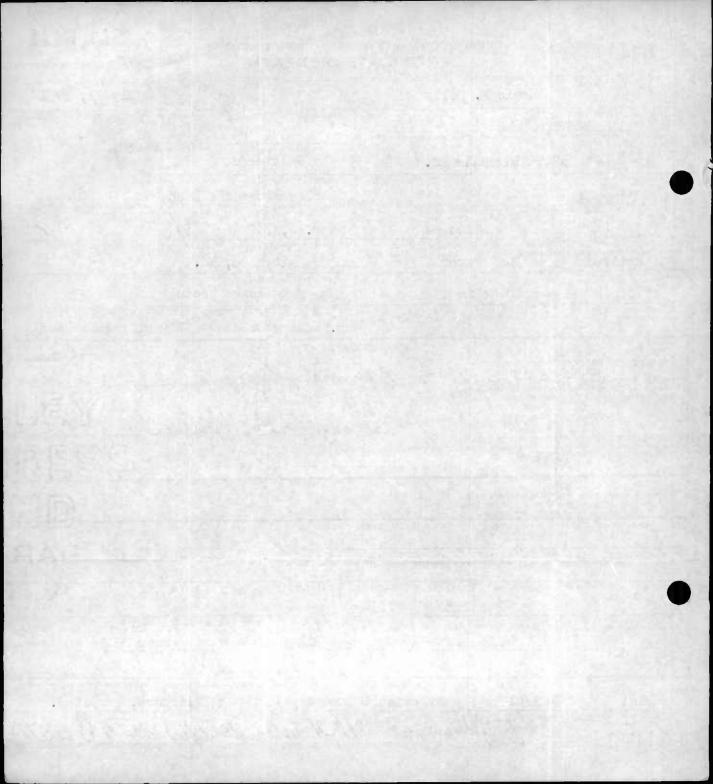
VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

5	1	644	1

Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Louis E. Melis July 21, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write LURAL and give INSTITUTION 5719 Ridgedale Rd. township) D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 5719 Ridgedale Road c. Length of stay in Baltimore Days 9. AGE (In years | H Under I Yesr | H Under 24 Heurs | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White Male Apr.16,1862 Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baker Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Melis Magdalene Bachner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 5719 Ridgedale Road 20 Mr.Stanley Delcher CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Edema (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Carcinoma of Bladder RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 9:30 PA 7/201951, to 2:30 M 7/24, 1951, that I last saw the , 195/, and that death occurred at 2130 P.m., from the causes and on the date stated above. deccased alive on\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, opequaty) Greenmount Cemetery Baltimore, Maryland. 7/23/5] Burial DATE RECEIVED BY 1) 25 FUNERAL DIRECTOR

the bullions of the state of



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6412

BIRTH NO.	
1. NAME OF DECEASED JOHN HERBERT LE	AGUE 2. DATE JULY 29,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MD 00 10
HOSPITAL OR INSTITUTION 524 RICHWOOD AVE	C. CITY OR TOWN (If outside corporate links, write RURAL and give township)
C. Length of stay in Baltimore Yrs.  Mos. Days	5. STREET ADDRESS (If rural, give location) AVE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	S. DATE OF BIRTH  JULY 12, 1876  9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the first of the firs	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
CAR INSPECTOR RAILROAD	MARYLAND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN W. LEAGUE	MARY FRANCIS M'KINLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No.	J.H. LEAGUE SAME
18. 44 X CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	ne Myscarditus IVR.
injury or complication which caused death.) DUE TO Hype	itension- Cardio Vasaular:
ANTECEDENT CAUSES	al disease 5 YRS.
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING F RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
(C)	
<u>L</u>	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., et	YES NO W
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., et CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	aly, 1954 to July 20, 1957, that I last saw the
	red of 1:30A m., from the causes and on the date stated above.
	38. ADDRESS/ 23c. DATE SIGNED
Lloyd E. Saylor M. D. 39	902 / 20 moceas av. Jels 20,195,
24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify)	
BURIAL 1-23-1931 EBENEZER	CHURCH CHRISE MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
111 21 1951 musticator / Miliams, Miles	H.M. JENKINSEJONS 4905 YORK KD

an. Tris my

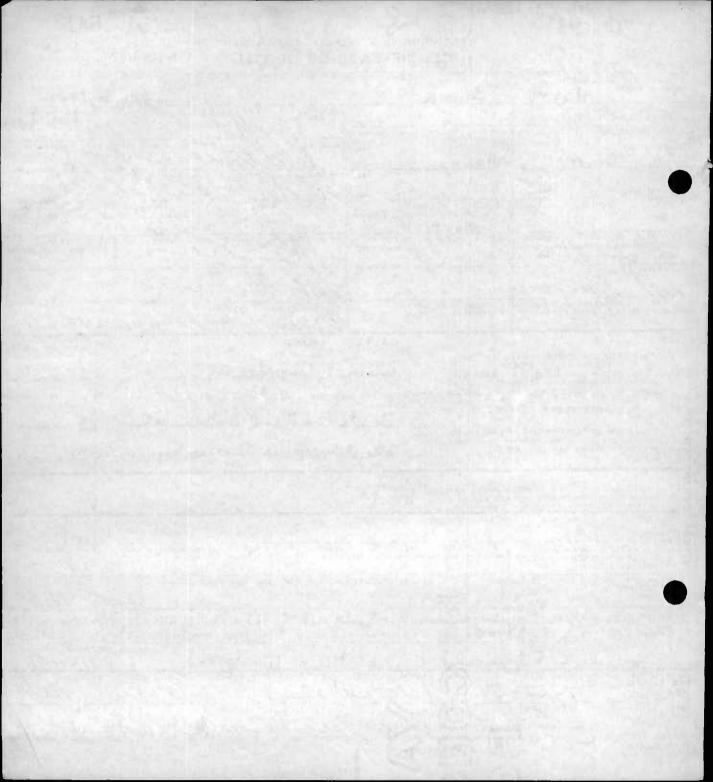
DR. C. SAYLOR 3902 GREENMOUNT

CARL SHOPPING THE STATE

#### BALTIMORE CITY HEALTH DEPARTMENT

aillin	0	Agra	

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	110.
(7	NAME OF D	HOYYV	Blo	- la		2. DATE OF DEATH SI(U	20.1951
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Y	Where deccased lived. I	f institution : residence
В.	FULL NAME		tal or institution	on, give street address or	o ma	B. COUNTY	before admission)
11	OSPITAL OR		11	location)	C. CITY OR TOWN (If	outside corporate limi	its, write RURAL and give
		Jaiversity	Hosp		1 allum	wee /c	5-0 township)
	anoth of a	tau in Daltiman		Yrs.	O. STREET ADDRESS (If	1100	×>4
5	SEX	tay in Baltimore	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	M	W	WIDOWI	ED, DIVORCED (Specify)		last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	LIOR KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
WOI	domarions most	of working life, even if retired)		INDUSTRY	Cusse	an	WHAT COUNTRY
13	FATHER'S	VAME		(R)	14. MOTHER'S MAJOEN NA	AME	
-	not 1	Known			not kuo	ww	
(Ye	6. WAS DECEAS:	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17,1NFORMANT A	1	ADDRESS
_				0200//// 110:	unna Aloc	el- 6	tame
	/	30.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO DEA	TH		0 0 0 0		A C
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disease.		at embolic	•	3 minutes
	injury or	complication which o	caused death.)	OUE TO			
7	1000	ANTECEDENT CAUS	SES	G. A	B-0.10 8.0	ana Oiti	3-0
ATION	DISEASES	OR CONDITIONS, IN	F ANY, GIVING	(8)			2092
AT	UNDERLY	ING CONDITION LA	STATING THE	OUE TO STEAM	borones ause	us bertices	in 30 9
FIC				(6)			
ERTI	OTHER S	IGNIFICANT CONDI	TIONS CON-				
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	0 00 00 0			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
CA		me.	1 - 1				YES NO
MEDICAL	LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ir rm,factory,atreet,office bldg.,e		f in Baltimore City,	give exact location)
2	210. TIME (	Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
L	INSORT			HILE AT NOT WHILE			
	22. I hereb	y certify that I att			4 19 , 195 / to S	الم عو 195	I, that I last saw the
	deceased al	ive on	, 19_51. a	nd that death occur	Di la		he date stated above.
	23A SIGNAT	TURE	genel	2	3B. ADDRESS	. 1	23C. DATE SIGNED
24	A BUNLAL C			M. O.	Mur. Hospu	OCATION City, town	7/20/51
TIC	REMOVAL (S	pecify) 7-22-	51	MANGE	dalo	Hart.	(State)
	ATE RECEIVE	D BY   REGISTRAR	S SIGNATUR	RE	25. FUNERAL DIRECTOR	1 acre	ADDRESS
LC	OCAL REGIST	RAR	ton /	Miama MA	tack Lewis	1 500	Estan 90
	UVS 450-		10	The state of the s	7-10-1900	100	Sunta / C
			1000000	2906	4		910 1



## BALTIMORE CITY HEALTH DEPARTMENT

E	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
(	NAME OF DECEASED FLORF	ROSENE	BAUM	2. DATE OF DEATH	19-51
3	Baltimore City, Maryland 2400 %		4. USUAL RESIDENCE (V		itution: residence before admission)
В	FULL NAME OF (If not in hospital or institut		1/10		
11	NSTITUTION	lales	c. CITTOR TOWN (If	outside corporate limits, w	rite RURAL and give
7		Yrs.	D. STREET ADDRESS (If	rural, give location)	1-1
c	Length of stay in Baltimore	Mos. Days	Leven		*
5	SEX 6. COLOR OR RACE 7. SINGLE WIDOW	E, MARRIED. /ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	I Year If Under 24 Hours B. Days Hours Min.
1	emore white se	ugle	1	02	Days Hours Min.
WOI	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTYPLACE (State or fo	preign country) 12.	CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME-	0	14. MOTHER'S MAIDEN N	mac	
-	not Known		TAPA MAIDEN N	I POLL )	
11: (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	4000	
(	(If yes, give war or dates of service)	SECURITY NO.	Home 1	seords	3
	18. 598 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Car	- 1/	- /	ONSET AND DEATH
	(This does not mean the mode of dying, e.g heart failure, asthonia, ctc. It means the disease	P	ovary the	ouloses	James.
	injury or complication which caused death.				
7	ANTECEDENT CAUSES	art	erioscleros	tis	years
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	G			0
CAJ	UNDERLYING CONDITION LAST.	(c) Chr	our nept	relis	years
Ŀ	11	A 4			
ERT	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE.	· Siche	tes mell	7.4	
C	TO THE DISEASE OR CONDITION CAUSING IT			lles	years
AL	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY7
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLA	CE OF INJURY (e. g., in		f in Baltimore City, give	exact location)
M	LYING OR CONTRIBUTING about home, for CAUSE OF DEATH	irm, ractory, street, omce nidg., et	L.) INJURY OCCUR?		
	INJURY	TE. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	m. W	WORK NOT WHILE			TENST DE
	22. I hereby certify that I attended the	deceased from 1-	-1/ 650 50 to	1-19 , 1951, th	at I last saw the
	deceased alive on 7-19, 1951. o		red at 10pm., from th		
	1 Henry May	gel M.D.	Levindele	forme 2	-/ 9- 5
	AA BURIAL, CREMA- 24B. DATE 2	4c. NAME OF CEMETER		OCATION City, town, or co	
ki	Weller 7-22-31	star de	inai	Tall	nucl
L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	RE ·	25 FUNERAL DIRECTOR	AD.	DRESS
_	JUL 7 7 19911	Canala Mila	each peuts	The 2006	section to
	VS 150	Sign-anthogopen and a		Y	1.1
				THE RESERVE OF THE PARTY OF	61

ROSE BRUIL 子の作品 coronery the ordered Beering. William with the ... en meghidi. NA9-9-1 Ticketo milleten 13 beg 15 11-1 real goods 

Lucie

51 6415

#### BALTIMORE CITY HEALTH DEPARTMENT

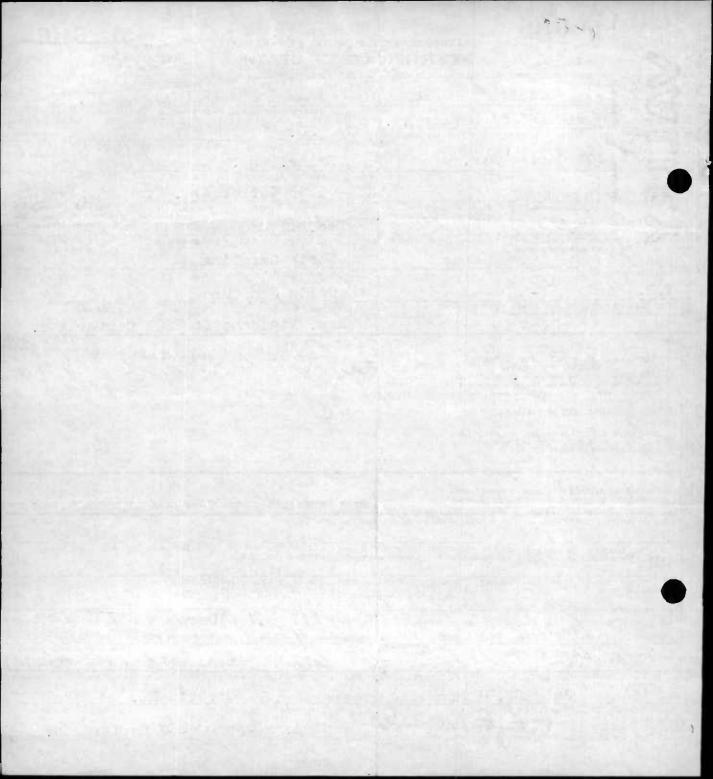
OT OFF

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1. NAME OF DECEASED (Type or Print)	105	SMAN	2. DATE 7-	19-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland	, , , , ,	4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution; residence before admission)		
	ution, give street address or location)	- Ma	outside corporate limits,			
- VOLA XUCU	Yrs,	D. STREET ADDRESS (If r	rural, give location)	1-18		
c. Length of stay in Baltimore	45 House	3622 Lu	celles (	100		
Male white me	LE. MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Monti	der I Year   If Under 24 Hours has Days Hours Min.		
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHOLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	PROF(R)	14. MOTHER'S MAIDEN NA	ME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	maro _	Aans 8		
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL'		Ronary Thron	1-:	1 day		
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,	Thaty grow	7 () 8 2 3			
ANTECEDENT CAUSES		0.70	1/ 1/	3 years		
Z DISEASES OR CONDITIONS, IF ANY, GIV	(B)					
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO					
\[ \frac{1}{2} \]	(C)					
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH, BUT NOT RELA	TED					
194 DATE OF OPERATION I 198 MAIO	R FINDINGS OF OPER			20. AUTOPSY?		
Z1a. ACCIDENT WAS UNDER: 21B. P	LACE OF INJURY (e.g., in	or 21c. WHERE DID -(If	in Baltimore City, give	YES NO D		
	e, farm, factory, street, office bldg.,e		in Baltimore City, give	exact location)		
O. TIME (Month) (Day) (Year) (Hour) INJURY  m,	WHILE AT NOT WHILE WORK AT WORK	No. of the last of	OCCUR?			
22. I hereby certify that I attended th	e deceased from No	v 8 1948, to 9	Lig 319 , 1951	that I last saw the		
deceased alive on 19,1931	., and that death occur	red at O = Im., from th	e causes and on the	date stated above.		
23A. SIGNATURE Lev	* "/	39. ADDRESS Certer	ctown Rd	July 20 51		
24A BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	/>	CATION (City, town, of	Section 1/N		
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR	Villiams, M	45. FUNERAL DIRECTOR	2 2100 6	Calver Pe		
VS 150	ALL SAN MANNAMEN ST	OCE		937		

1818 Pout Pal

· ·	id.	U	구	9	O	
agistarad	No					

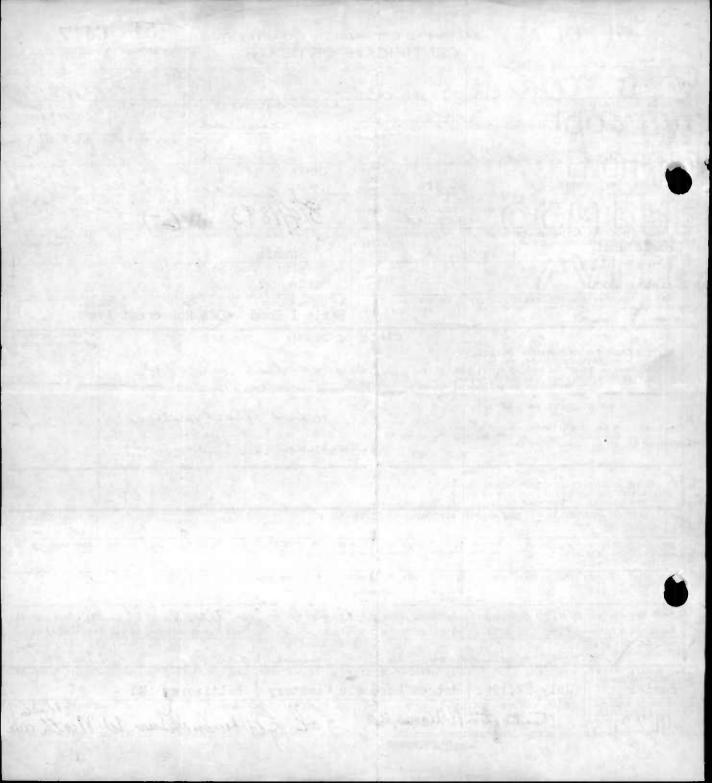
В	IRTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF C		) T 17 MI	ODMON		2. DATE	
			TE TH	ORNTON		DEATH July	
A.		City, Maryland 52			4. USUAL RESIDENCE (	Where deceased lived, In B. COUNTY	f institution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)			
	ICTITION	5203 Carter	AVA		Balto. Md.	outside corporate limi	ts, write RURAL and give township)
	3 3 3	J-10	******	Yrs.	D. STREET ADDRESS (II	rural, give location)	-03
G	Length of s	stay in Baltimore		Mos. Days	5203 Capter	,	
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
	Female	Whate	Ma	ved, divorced (Specify) rr10d	Dec. 11,1880	70	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTRY
	Housewi	fe	No		North Carolin	na	WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN N	IAME	
	T.B. H			MID AT LIMBURG	Celia Johnson	n	
(Ye	5. WAS DECEAS 10, no or unknown)	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	No				Mrs. Wiedenhoe	eft 5203 Ca	rter Ave.
	18. /	9× 1		CAUSE	OF DEATH	0 0	INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEAT	H	(Va	1100,000	I. Srort	C Ma
	heart failu	not mean the mode oure, asthenia, etc. It mea	ns the diseas	se,	very / o.	a.orom	0 1195
	injury or	eomplication which e	aused death	n.) DUE TO	0		
_	S 1971	ANTECEDENT CAUS	ES				
0		S OR CONDITIONS, II			***************************************	***************************************	
AT		THE ABOVE CAUSE (A) YING CONDITION LA					
110				(C)	***************************************	*****************	
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CO	N -			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL							YES NO
ŏ		ENT WAS UNDER-		ACE OF INJURY (e. g., i farm,factory,street,officebldg.,e		If in Baltimore City,	give exact location)
ME	CAUSE OF		1				
K	INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK AT WORK		. 0 .0	
	22. I hereb	n certify that I att	ended the	deceased from C	prof 13, 1951, to )		L, that I last saw the
	deceased a	live on July 18	., 192/	and that death occif		the eduses and on t	he date stated above.
	23A. SIGNA	rellion h	· Ye	mvs M.D.	3025 Belo	i Road	7-20-5
2.	4A. BURIAL,	CREMA- 24B. DATE			RY OR CREMATORY 240. L	OCATION (City, town	
	Burial	July 2	2.51 E	Highland Pre	sperterian St	reet Md.	
D	ATE RECEIVE	D BY   REGISTRAR'	SIGNAT	1756 7 5 - 1	25. FUNERAL DIRECTOR		ADDRESS
J	UL 221	951 remote	ugter /	YHUL BURNEY MARK !	Paul A. Heeman	n 6067 Har	ford Rd.
	VS 150	. 786en	- All armidit	national desiration of the second			11/00
1			-310				4611



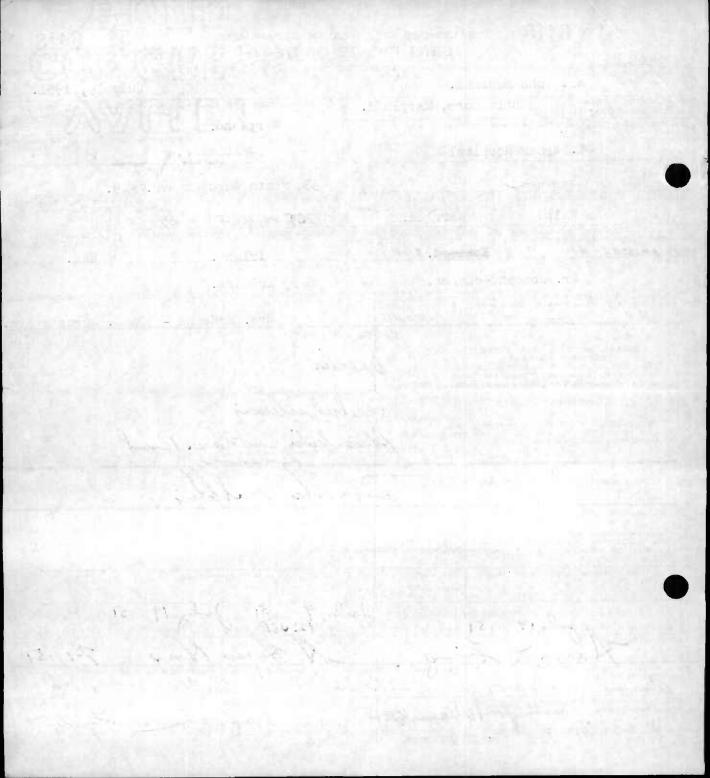
# 53 0 51 6417 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6417 Registered No.

BIRTH NO.					
1. NAME OF DECEA				2. DATE OF	-1/- /-
3. PLACE OF DEATH A. Baltimore City, B. FULL NAME OF HOSPITAL OR INSTITUTION	d: Maryland	stitution, give street address of location)	A. STATE	DEATH NCE (Where deceased lived. B. COUNTY	before admission)
Sin Sin	i Hospita	Yrs. Mos. Days	D. STREET ADDRE	1	2-20 township)
5. SEX 6.C	OLOR OR RACE 7. SII	Days  NGLE, MARRIED,  DOWED, DIVORCED (Specify  MARRIED)	B. DATE OF BIRTH	100000	if Under I Year Months Days Hours Min.
10A. USUAL OCCUP, ort-done-during most of work ULOSKS MSNI	ATION (Give kind of log life, even if retired)	KIND OF BUSINESS OR INDUSTRY		tate or foreign country	12. CITIZEN OF WHAT COUNTRY
Isaac Bon	d		Tobie ?	DEN NAME	
15. WAS DECEASED EV Yes, no or nnknown) (II	ER IN U.S. ARMED FORCE yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT Earle I Bond	4023 Rosecres	ADDRESS t Ave
(This does not heart failure, as injury or compared to the failure of the failure	R CONDITION DIRECTOR OF THE CONDITION DIRECTOR OF THE CONDITIONS OF THE CONDITIONS OF THE CONDITIONS OF THE DEATH, BUT NOT REE OR CONDITION CAUSTIFE OR CONDITION CAUSTIFE DEATH, BUT NOT REE	GIVING (B)	egoraidia Jugatiál Jumay is	l infairex Heartfailine whaleain?	ONSET AND DEATH
19A. DATE OF OF	٥	JOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT LYING OR CO CAUSE OF DEAT  ID. TIME (Mont	NTRIBUTING   about 1		etc.) INJURY OCCUF		, give exact location)
22. I hereby cen deceased alive of 23A. SIGNATURE	rtify that I attended on 7.2/, 192	the deceased from // and that death occur	18/51 AM9	to 7/21/51, 19	the date stated above.
24A. BURIAL, CREM TION, REMOVAL (Specif; Burial	July 22,195	24c. NAME OF CEMETE  1 Hebrew Roseda		246 LOCATION (City, tow Baltimore Md	ADDRESS // 2/
JUL 2 2 195	"Turtic et	m / Williams Ma	Sol fe	Vouch Bules	W North aus

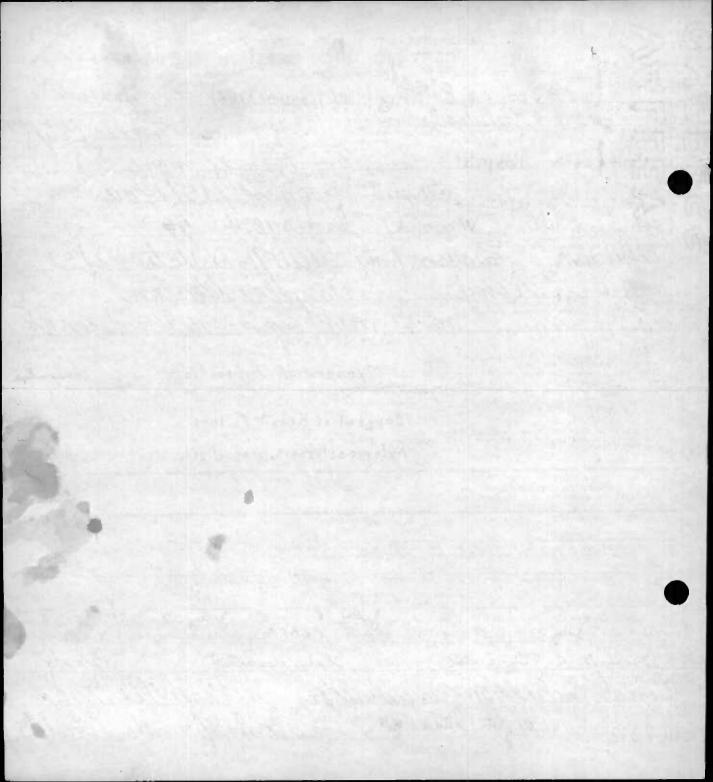


E	IRTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
1	NAME OF DECEASED Type or Print) Mr. Jo	hn Mckenna			2. DATE OF July	19, 1951.
B	. PLACE OF DEATH: . Baltimore City, Marylan . FULL NAME OF (If not in	u	re, Maryland.	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If in B. COUNTY	
	ospital or estitution St. Agn	es Hospita		Baltin		write RURAL and give
	ength of stay in Baltim		Yrs. Mos. Days	334 South Augu		
	M White	WIDOV	E. MARRIED. VED. DIVORCED (Specify) arried.	'067.21,1865	85	ths Days Hours Min.
WOI	DA. USUAL OCCUPATION (Giv. k done during most of working life, even if Police MAN - RET.  3. FATHER'S NAME	retired)	O OF BUSINESS OR INDUSTRY	Irland.		USA.
	Mr. J	oseph McKe	nna.	Mary McGuire.		
(Y	5. WAS DECEASED EVER IN U. S. ce, no or unknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. McK	AD Kenna - 334 S.	DRESS Augusta Ave
CERTIFICATION	DISEASE OR CONDITION TO THE DISEASE OR CONDITION THE DISEASE OR CONDITION TO THE DISEA	DEATH node of dying, e., It means the diseas hich caused death CAUSES  NS, IF ANY, GIVIN E (A) STATING TO N LAST.  ONDITIONS CON BUT NOT RELATE HITION CAUSING I	(B) Cere  (B) Cere  (C) Aveno  (C) Let	of DEATH  mia  bral sclerosis  clerki Cacli (b	sc. Panel	INTERVAL BETWEEN ONSET AND DEATH
EDICAL	19a. DATE OF OPERATION		FINDINGS OF OPER			YES NO
Z-110	4A. BURIAL, CREMA- DN. REMOVAL (Specify)	Year) (Hour)  m.  I attended the	and that death Vccur	Tred at 12: 45 m. from the 3B. ADDRESS	he causes and on the North City, town, or CATION CITY, or	that I last saw the date stated above.
1		1.125401874	Bakari Allerateding 1)			61



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	BIRTH NO.	IHICATE OF D	EATH	egistered No
-		ARA		
	(Type or Print)  A y byey	INO AUBREY FOM	WOS KINA) 2. DA	7/22/10
	3. PLACE OF DEATH:	4. USUAL	RESIDENCE (Where dece	eased lived. If institution : residence
_	B. FULL NAME OF (If not in hos ital or institution, give st	A. STATE	Mr. B.	COUNTY before admission)
H	HOSPITAL OR	location) C. CITY OR	TOWN (If outside a	orporate limits, write RURAL and give
IL	INSTITUTION	C. CITON	(II odiside c	township)
13	letigeof phieraring		Dalum	1000 41-14
Г	5.	Yrs. D. STREET	ADDRESS (If rural, giv	elocation
	Length of stay in Baltimore	to Days of 001	1000011111111	KALL
5	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED DIVO	D. Sherify) 8. DATE OF		(In years If Under 1 Year   If Under 24 Hours
	make while Wishers	I mm-3	1-127H	hirthday) Months Days Hours Min.
10	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSI	NESS OR 11. BIRTHPI	ACE (State or foreign co	intry) 12. CIŢIZEN OF
wor	work done dusing most of working life, even if retired)	INDUSTRY 9/01	1416 J. of	WHAT COUNTRY?
13	13. FATHER'S NAME	Juny /ul	UYBYN VIII	u go
	1 A A Wind	14. MOTHER	SMAIDEN NAME	+
-	- Sound of Jung	(J.Mari)	UNI ZHA	an,
do	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOC		ANT	ADDRESS 1
-	MA NA 212-1	73-1989/15/2	111-4-31/	Moud man KA
_	18. //20 /	CAUSE OF DEATH	41. 5102	INTERVAL BETWEEN
	901	CAUSE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M. /	1711	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(1,10coAq15	/ Inforction	7 member
	injury or complication which caused death.) DUE	го		Annual Control of the
	ANTECEDENT CAUSES			
z		Congestive He	art Failure	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING			
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE .		e a lead	100000000000000000000000000000000000000
O		Arterioscleros	>'SELEASTIBES	
L				
R	OTHER SIGNIFICANT CONDITIONS CON-			
O				
	19A. DATE OF OPERATION 19B. MAJOR FINDING			dino Autonomo
AL	A	o of charlon	The second second	20. AUTOPSY?
U	U	JURY (e.g. In or   21c. WH	ERE DID (If in Balt	imore City, give exact location)
EDI	LYING OR CONTRIBUTING   about bome, farm, factory, at		OCCUR?	, give exact location)
Σ	E GROSE OF BEATH			
F	INJURY	RY OCCURRED 21F. HO	W DID INJURY OCCUR	7
В.	m. WHILE AT WORK	NOT WHILE		
		HT HOME		
U.		com lader 18	1051/1 1000 3	2 105/11
, i	22. I hereby certify that I attended the deceased		, 1951, to July 2	- , truck a tube but to the
	22. I hereby certify that I attended the deceased deceased alive on 19.51. and that	death occurred at 60	5 Am., from the cause	s and on the date stated above.
2	22. I hereby certify that I attended the deceased	death occurred at 60	SAm., from the cause	s and on the date stated above.
	22. I hereby certify that I attended the deceased deceased alive on 1951, and that 23A. SIGNATURE	death occurred at 60	Som, from the cause Hospital	s and on the date stated above.  23c. DATE SIGNED  7/2 2/5/
2.4 TIC	22. I hereby certify that I attended the deceased deceased alive on 1951, and that 23A. SIGNATURE	death occurred at 60	Som, from the cause Hospital	s and on the date stated above.  23c. DATE SIGNED
2.4 TIC	22. I hereby certify that I attended the deceased deceased alive on 22, 1951, and that 23A. SIGNATURE  24A. BURNAL, CREAT 24B. DATE 124C NAME	death occurred at 60	Som, from the cause Hospital	s and on the date stated above.  23c. DATE SIGNED  7/2 2/5/
TIC	22. I hereby certify that I attended the deceased deceased alive on 22, 1951, and that 23A. SIGNATURE  24A. BURNI, CREIA, CREIA, 100, 100, 100, 100, 100, 100, 100, 10	death occurred at 60  23B. ADDRESS  M. D. CHUILT.  OF CEMITERY OF CREMA	Som, from the cause Hospital	s and on the date stated above.  23c. DATE SIGNED  7/2 2/5/
TIC	22. I hereby certify that I attended the deceased deceased alive on	death occurred at 60  23B. ADDRESS  M. D. CHUILT.  OF CEMITERY OF CREMA	Hospital TORY 240 TOCATION	s and on the date stated above.    23c. DATE SIGNED
TIC	22. I hereby certify that I attended the deceased deceased alive on 22, 1951, and that 23A. SIGNATURE  24A. BURNI, CREATION REMOVAL (Spensy)  DATE RECEIVED BY REGISTRAR SIGNATURE  111 2 3 1951	death occurred at 60  238. ADDRESS  M. D. CHULL.  OF CEMATERY OF CREMA  23. FUNERA	Hospital TORY 240 TOCATION	s and on the date stated above.    23c. DATE SIGNED
TIC	22. I hereby certify that I attended the deceased deceased alive on	death occurred at 60  238. ADDRESS  M. D. CHULL.  OF CEMATERY OF CREMA  23. FUNERA	Hospital TORY 240 TOCATION	s and on the date stated above.    23c. DATE SIGNED



Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (MARGUERITE DeMOTT 2. DATE (Type or Print) MARGARET OEATH July 20, 1951 3. PLACE OF DEATH: 4. USUAL RESIOENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland Baltimore City (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Home - 5000 Blythewood Road Baltimore City Yrs. o. STREET ADORESS (If rural, give location) Mos. 9 years ength of stay in Baltimore 5000 Blythewood Road Days 6. COLOR OR RACE 7. SINGLE, MARRIEO. WIDOWED, OIVORCED (Specify) 5. SEX 8. OATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours: Min. White Dec-9-1918 Female Married 10A. USUAL OCCUPATION (Givakindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done doring most of working life, even if retired) INDUSTRY U. S. A. None Annapolis, Maryland 13. FATHER'S NAME Marguerite Knox Max B. DeMott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY (Yes, no or unknown) (If yes, give war or dates of service) (husband) None None Kummer Jr. 5000 Blytheword INTERVAL BETWEEN 18. CAUSE OF DEATH 3.1 ONSET AND DEATH DISEASE OR CONDITION OIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Carbon monoxide poisoning heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-UTING E CAUSE OF OEATH. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE OID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Home 5000 Blythewood Road 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? F INJURY July 20. 1951 AT WORK Asphyxiated by running automobilein WORK 22. I certify that I took charge of the remains described above, held an inspection & ifighted and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... X 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) July-23-1951 Greenmount Cemetery Cremation more Maryland

25. FUNERAL DIRECTOR

VS 151

REGISTRAR'S SIGNATURE

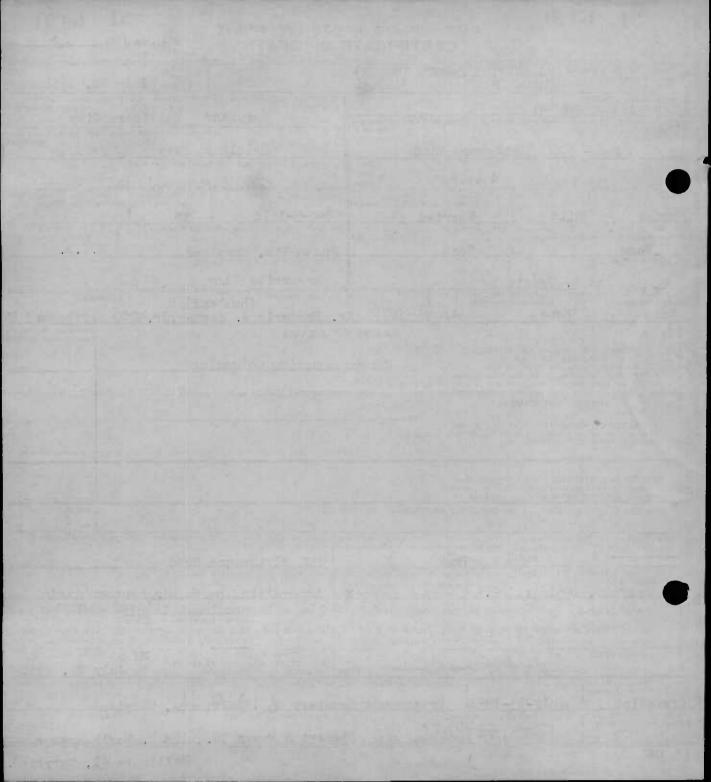
The state of the page in

OATE RECEIVED BY

LOCAL REGISTRAR

Baltimore #1, Maryland.

Stewart & Mowen Co., 108 W. North Avenue



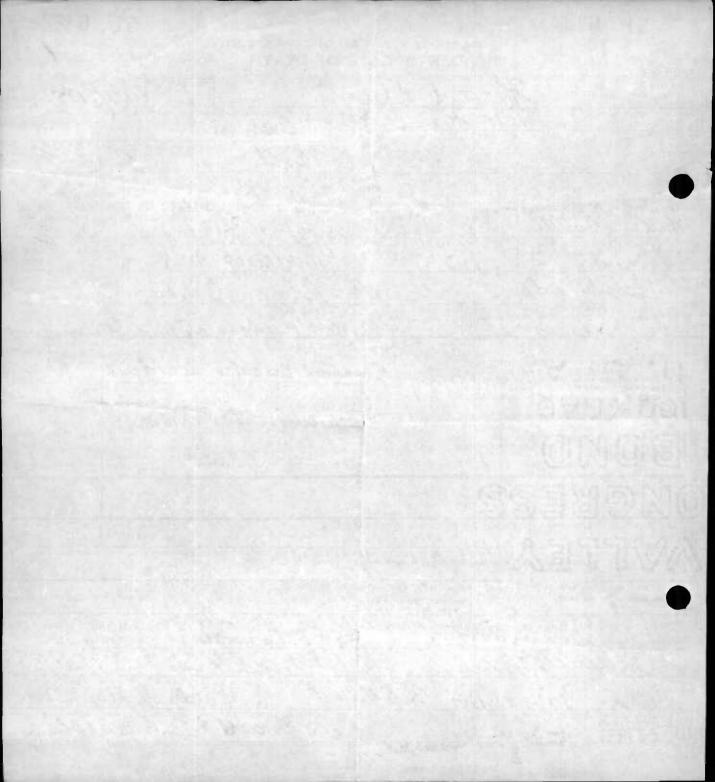
51 6421

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6421 Registered No.

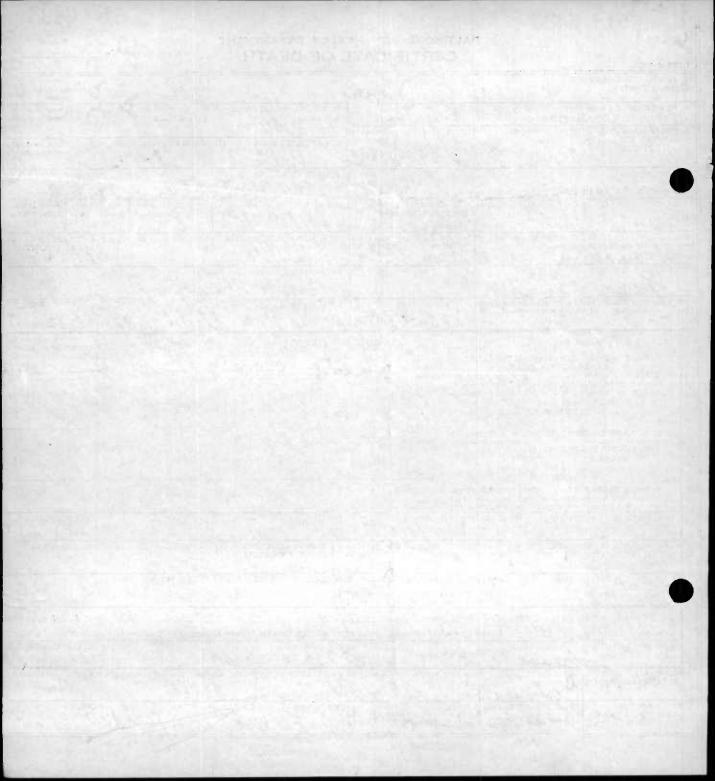
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Rulein Holdstein	2. DATE OF DEATH 2 - 28 - 5/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION)	
Jutheron Hospt	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify Manual)	8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindn) 10B. KIND OF BUSINESS OR Work deneduring most of working life, even if retired) 1 INDUSTR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME  CONST	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYE IN U. S. ARMED FORCES?   16. SOCIAL	17. UNFORMANT ADDRESS
(Yes, nn nr nnknown) (If yes, give war nr dates nf service) SECURITY NO.	Lon 3502 Rome and # 15
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH Somie Leubernic - Chrome
ANTECEDENT CAUSES  ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.	INJURY OCCUR?
FINJURY MILL AT NOT WHILL AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 7 - 2 3, 19 5 (, and that death occurs and the deceased from the decease from the deceased from the deceased from the deceased from the deceased from the decease from the dec	urred at 5 2 An., from the causes and on the date stated above 236. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify) 7/23/1951 249 NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR SUTEM PL
VS 150	748

	51 6422	CPEV LI	SALTIL DEBARTME	-	51	6422
В			E OF DEATH		istered No	
	NAME OF DECEASED  When or Print)  Mount 16	Leu		2. DATE OF DEATH	July	201951
A. B.	Baltimore City, Maryland 1636 House FULL NAME OF (If not in hospital or institution, give street		A. STATE		d Wed, If in this	fution: residence before admission)
	OSPITAL OR STITUTION	location)	C. CITY OF TOWN	(If outside corpo	ornte limits, wr	ite RURAL and give
c.	Length of stay in Baltimore	Mos. Days	61/	(If rural, give lo		
	Mule 16. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCE	ED (Specify)	8. DATE OF BIRTH	02 68	hday) Months	Vest II Under 24 Hours Days Hours Min.
WOF	Ingenter 1500	ESS OR NDUSTRY	11. BIRTHPLACE (State	e or foreign countr		CITIZEN OF WHAT COUNTRY
	FATTERS NAME & hew		14. MOTHER'S MAIDE	Lidd	il	
13 (Ye	s, no or unknown) (If yes, give war or dates of service) SECUR	L NTY NO.	17. INFORMANT Mus may	march 11	ADDR	ESS Canorita A
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO		of DEATH Vas cu	dar Acci		INTERVAL BETWEEN ONSET AND DEATH
7	ANTECEDENT CAUSES	Hyp	de teusive	C-V. Dis	ease	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)			••••••••••••		
CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPER	RATION		THE IS	20. AUTOPSYT
1EDIC.	21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH	JRY (e. g., i et, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimo	ore City, give	exact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  M. WHILE AT WORK	OCCURR NOT WHILE AT WORK		JURY OCCUR?		
	22. I hereby certify that I attended the deceased for deceased alive on July 20, 19 57, and that de	rom Ju	14 18 1957, t	ouly 20		at I last saw the
	23A SIGNATURE WILL EURLICH		3B. ADDRESS	REP ST.		SC. DATE SISNED
2 TI	DN. BURIAL, CREMA- DN. BOMOVAL (Specify) SULVAX 2411847		RY OR CREMATORY 2	Hydre	Chality, town, of co	ounty) (State)
	ATE RECEIVED BY CEGISTRAR'S SIGNATURE UL 2 3 1951	9 5	25. FUNERAL DIRECT	to Bicu	14.00 AD	Sphores
	VS 150	541	50		9:	3) 14



В	IRTH NO.	CE	RTIFICAT	E OF DEATH	Register	ed No.
1.	NAME OF DECEASED Mu	ry m.	Darre	4	2. DATE OF DEATH	7/22/51
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hos	Pieles Hos	petal	A. STATE CALL		ed. If institution : residence Y before admission)
H	OSPITAL OR DOCTOR	o gospita	location		(If outside corporate	limits, write RURAL and give township)
	Length of stay in Baltimore	7	Yrs. Mos. Days	920 M.	Pattern of	DI.
5	Momes Oblit		ARMED. DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (În year	
10 wor	A. USUAL OCCUPATION (Give kin. k done during most of working life, even if retir	doff 108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISTA	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FACHER'S NAME	tler	CLOTHING!	14. MOTHER'S MAID	20/mans	1 40
	s. was DECEASE EVER IN U. S. ARI	MED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT 46 LO ROY	Stedelin	920 N Petterson
ATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which  ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	EATH le of dying, e.g., neans the disease, h caused death.)  USES  5. IF ANY, GIVING A) STATING THE	CAUSE  (A)  DUE TO  (B)  DUE TO	entense cols	very Thron	ONSET AND DEATH
ERTIFICA	OTHER SIGNIFICANT CON		(C)			
CAL CI	TO THE DISEASE OR CONDIT			RATION		20. AUTOPSY?
EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., actory, street, office bldg.,			ity, give exact location)
Z	FINJURY (Month) (Day) (Ye	ar) (Hour)   21E.   WHILE			NJURY OCCUR?	
	22. I hereby certify that I deceased alive on 7/2	uttended the decc	eased from	7/19 195/, rred at 6.30 Am., fi	to 7/2-2, 1 rom the causes and	19 <b>5'</b> , that I last saw the
	23A. SIGNATURE Aou	i ggla	15 M. D.	2730 4 CE	has it	7/2/ SIGNED
TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	25,1951 9	lestern	Censtery 2	Balls	And
	ATE RECEIVED BY REGISTRA DCAL REGISTRAR 1111 2 3 1951	attra Whian	Maple 1	Cl. House	Eiang 140	Sthats M

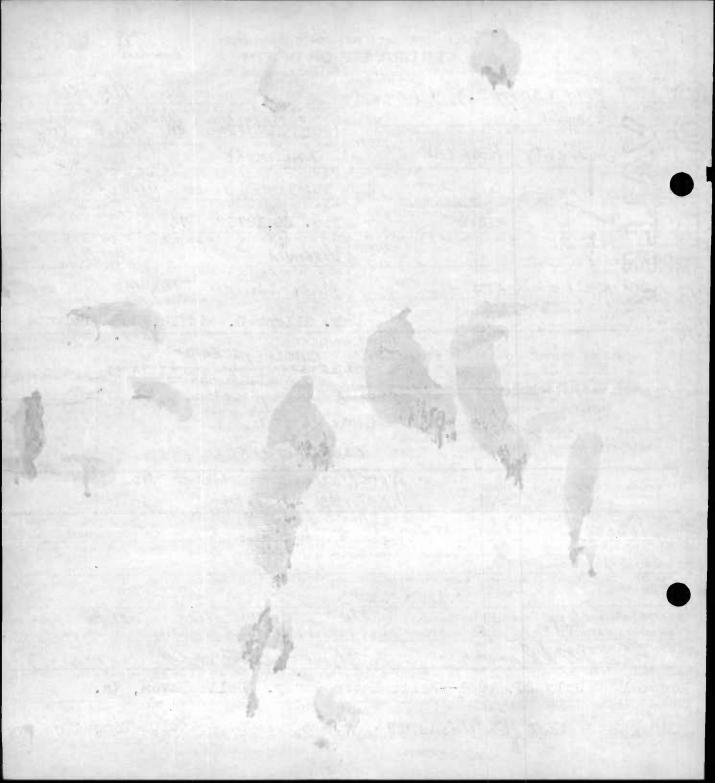
69046



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6424

BIRTH NO. CERTIFICATE	OF DEATH Registered No
1. NAME OF OECEASEO	2. DATE 77//-
ELIZA DETA S. CLAKK	OF //21/5/
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE ALVIAND BCOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	1305 WHOWOOD RE. DALTO CITY
INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	DATINONT 1000
Yrs. Mos.	D. STREET ADORESS (If rural, give location)
Ength of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.	8. DATE OF BIRTH [9. AGE (In years) If Under 1 Year   If Under 24 House
WIDOWED DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (tn years) If Under 24 Hours  Pec. 20,1876  9. AGE (tn years) If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work does during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
HOUSE WIFE	VIRGINIA WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
ARTHUR LE CATO	MARY SUSAN TURNER
( and an	17. INFORMANT AODRESS
No	s. Allene C. Ziefle, 1305 Wildwood
18. FRUX	
DISEASE OR CONDITION DIRECTLY POST - OP-	CHOLECYSI ECIONY,
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ECYSTITIS & chotellithings to 7 da
injury or complication which caused death.) DUE TO	A cholecysteetomy
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	OLE Bystitis 10 da
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	OLE LITHIASIS
(c) (c)	OSCLEROTIC HEART Dis.
E OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ES MELLITOS
194. DATE OF OPERATION 194. MAJOR FINDINGS OF OPERA	TION LOLE 20. AUTOPSY?
d //13/51 Chouse cholecytets	C lithrasis YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	2 1F. HOW OID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 7/12	2 , 1951, to 7/21 , 1951, that I last saw the
deceased alive on 7/21, 1951, and that death occurr	ed at 1:17 Pm., from the causes and on the date stated above.
23A. SIGNATURE 123	BADDRESS 23C. DATE SIGNED
Meall Lemma M.D. V.	numerates/1001 7-21-57
24A. BÜRIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
Removal July 25, 1951-Delle have	
OATE RECEIVED BY REGISTRAR S SIGNATURE	25. EUNERAL DIRECTOR
JUL 2 3 195 tutieton Polices MA	Harry H. Wife &4101 Hamondson Ave
VS 150	// 0

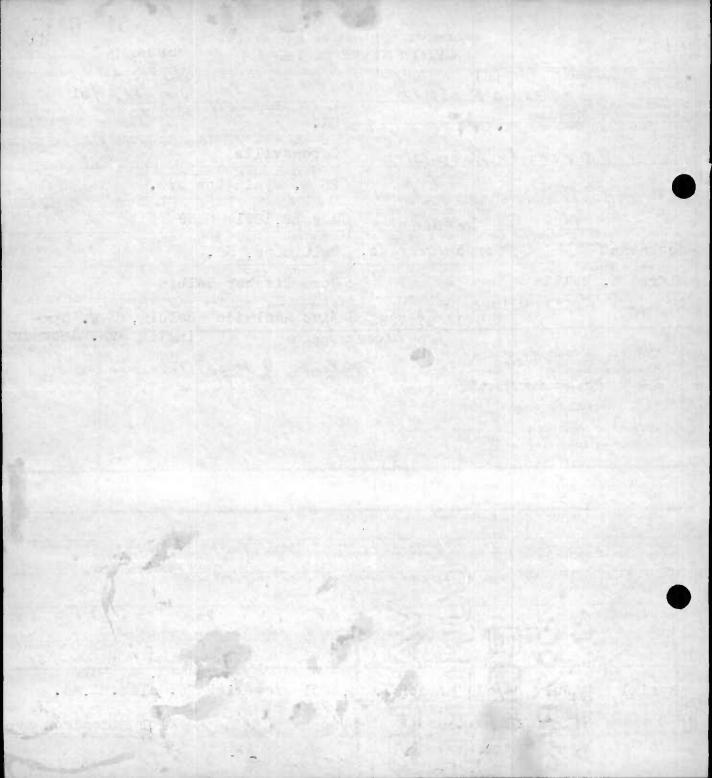


1	54	CADE
*	51	6425

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	No.
1. NAME OF DECEASED	tla Belbin		2. DATE OF	2/51
A. Baltimore City, Maryland	unit di militari d	4. USUAL RESIDENCE (Wh	DEATH Dere deceased lived. If B. COUNTY	institution : residence before admission
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION UNIVERSIT	al or institution, give street address or location)  Y Hospital		utside corporate limit	s, write RURAL and give township
ength of stay in Baltimore	Yrs. Mos. Days	28 N. Symingto		5000
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	July 26,1891	9. AGE (In years Mo	Under   Year   If Under 24 Hours   Min.
10A. USUAL OCCUPATION (Give kind of pork done during most of working life, even if retired)	108. KIND OF BUSINESS OR EMORSON Drug NOUSTRY	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY
Alfred W. Belbin	(M)	Dora Fischer B		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. 216 07 7393	17. INFORMANT Miss Adelaide	Belbin, 28	N. Sym-
DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the complete	TH f dying, e. g., (A)	slegnent Hazp	eterin-	undr.
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended alive on 21	nded the deceased from 1, 1951, and that death occur		causes and on th	that I last saw the e date stated above.
24A. BURIAL, CRBMA- TION, REMOVAL (Specify) Burial July 2	24c. NAME OF CEMETER	,3801 Frederick		
DATE RECEIVED BY REGISTRAR UL 231951	SIGNATURE WILLIAMS	25. FUNERAL DIRECTOR		ADDRESS Imondson Ave

VS 150

000 4P



### CERTIFICATE OF DEATH Registered No...

51 6426

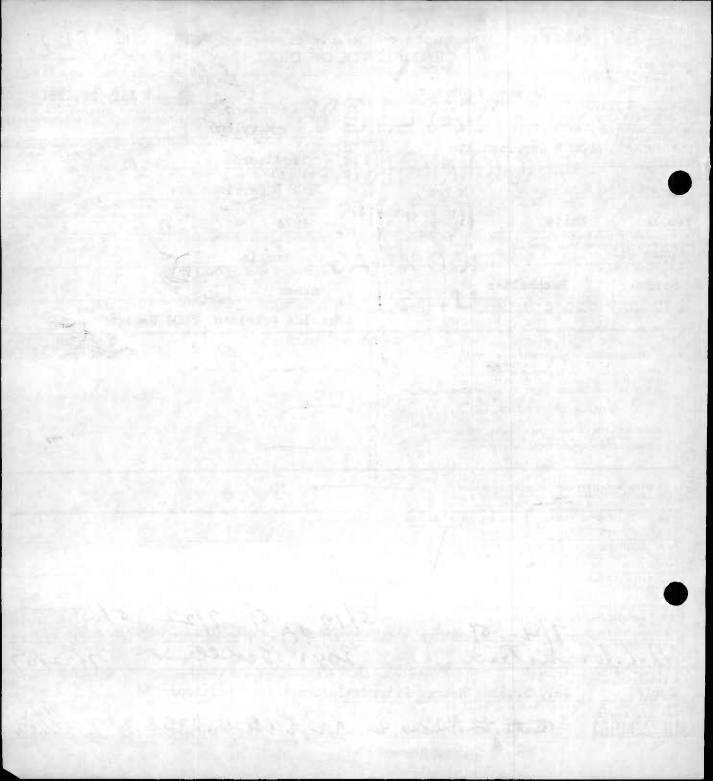
BIRTH NO.	02:11:11:10:11:			
1. NAME OF DECEASED (Type or Print) Clars	L. V. Carr		2. DATE OF JUL:	y 20, 1951.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 329 S. Mour.	tal or institution, give street address c location		Where deceased lived. If B. COUNTY	f institution: residence before admission) ts, write RURAL and give township
Cength of stay in Baltimore	55 yrs Mos. Days		rural, give location)	
Female 6. COLOR OR RACE	WED WED DVORCED (Specify	July 8,1884	9. AGE (In years last birthday) Mo	If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind o mork denorduring most of working life, even if retired	OWN HOME INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME Harman		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no nr unknnwn) (If yes, give wer or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Royal C. Carr 32		St.
LEADING TO DEA  (This does not mean the mode- heart failure, asthenia, etc. It mer injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.  OTHER SIGNIFICANT COND TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITION	of dying, e. g., (A)	etes Mellitus	J eclusion	2 Hours
	198. MAJOR FINDINGS OF OPE		A.	20. AUTOPSY?
deceased alive on 7.20-3	m. while at not while at work tended the deceased from	RED 21F, HOW DID INJURED 20-51, 19, to 7 to	•20-51, 19 the causes and on t	., that I last saw the he date stated above.  23c. DATE SIGNED  7.21-51
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)  Burial July 25  DATE RECEIVED BY REGISTRAR LOCAL REGISTRAS		el Cometery Car 25 FUNERAL DIRECTOR	roll Co. M	

The state of the complete of the state of th Rule Commen Cock line - Hear 1976 75 (2.11-4) 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6427 Registered No.

	IKIN NO.							
1. NAME OF DECEASED (Type or Print) Rebecca Schwartz						2. DATE OF Tu	1 22 1051	
3. PLACE OF DEATH: A. Baltimore City, Maryland					DEATH July 22, 1951  4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY  before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3602 W Garrison Ave				location)	Maryland			
ength of stay in Baltimore 58 Yrs Mos. Days			D. STREET ADDRESS (If rural, give location)  3602 W Garrison Ave					
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW				(ED, DIVORCED (Specify)	8. DATE OF BIRTH 1874	9. AGE (In years last birthday)	Montha Days Houre Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WILE  10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or foreign country) 12. CITIZEN (WHAT CO			
	Solomon	Buchhal			14. MOTHER'S MAIDEN NAME Unkown			
(Y	5. WAS DECEASE es, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs Ida Sobelman 3604 W Rogers Ave			
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	TIONS CON	(B)	einen Lev			
		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City.	give exact location)	
_	YRULNI	Month) (Day) (Year)	m.	VHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?		
	deceased al			and that death occur	red at A m., from the	1/2_2, 190 at causes and on	that I last saw the the datc stated above.	
2.	4A. BÜRIAL, C	tonal REMA- 24B. DATE	en	M. D.	1048,1200	CATION (City, town	23C. DATE SIGNED 7 (State)	
	ON, REMOVAL (S Burial	July 23	,1951 H	ebrew Friendsh		ltimore Md		
	ATE RECEIVED		SIGNATU	Williams Mar	Sol Swinson	+ Bles. 2	1 North and	
	VS 150		-	A. The				



51 6428 ered No.

	- A Pun / Ching A I I	DEL MICHIGAL	
CERTIFICA	TE OF	DEATH	Registered 1

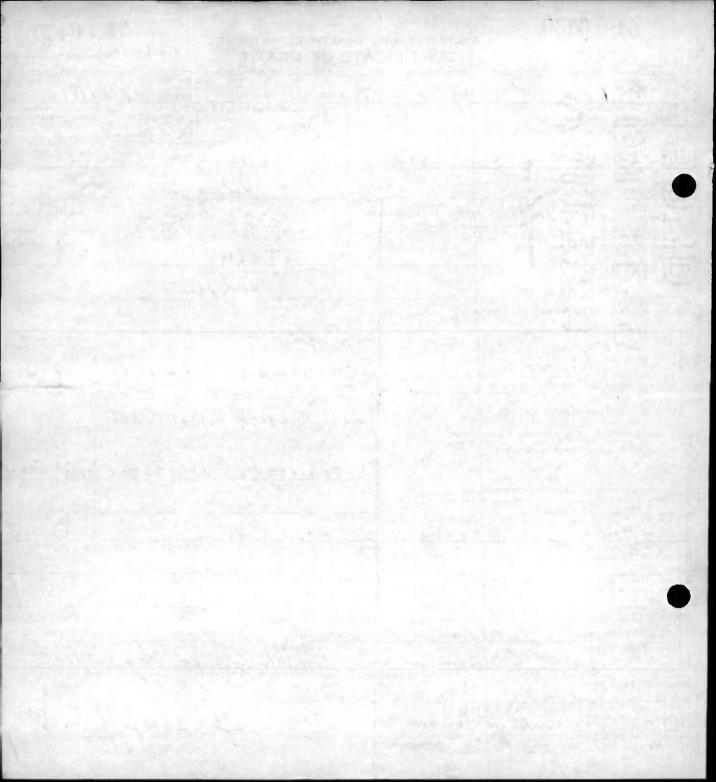
_							
	NAME OF DECEASED Type or Print)	ETTE M. DAV	115	2. DATE OF	211001		
3 A	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (	Where occased lived, If inst	titution: revidence before admission)		
В		hospital or institution, give street add	ress or				
11	NSTITUTION STATE	rospring P	ation) c. CITY OR TOWN (I	f outside corporate limits.	rite RUPAL and ve		
7	00066124	9 11	Yrs. D. STREET ADDRESS (If	rural, give location)	0		
-	Length of stay in Baltimo	ore 12	Bays   5806 C/E	ears prin	o Ma		
2	SEX 6. COLOR OR R	WIDOWED, DIVORCED (S	Specify) 8. DATE OF BIRTH	9. AGE (In years   H Under last birthday) Month	Days Hours Min.		
10	DA. USUAL OCCUPATION (Give	kind of 108. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or f	oreign country 112	. CITIZEN OF		
WOI	rk done during most of working life, even if r	retired) TAME- INDU		Pd Na	WHAT COUNTRY?		
13	3. FATHER'S NAME	0,000	14. MOTHER'S MAIDEN N	AME /	1017		
4.5	E WAS DESCRIPTION		Ralhryn o	SDoods	n		
(Y	5. WAS DECEASED EVER IN U. S. /	ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANTE	// ADD	RESS		
_	18. 4 12 1	. CAL	Virs. Marrielle ///	errman de	ame		
	DISEASE OR CONDIT	ION DIRECTLY	SE OF DEATH		INTERVAL BETWEEN		
	(This does not mean the mode of duing a g						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) GENERALIZED ARTERIOSCLEROSS							
FIC		(C)		.xiosccejewis	YEAIRS		
RT	OTHER SIGNIFICANT CO	ONDITIONS CON-					
CE	TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
DICA	21A. ACCIDENT WAS UNDE	R. 218. PLACE OF INJURY	(e.g., in or   21c. WHERE DID (	If in Baltimore City, give	exact location)		
ME	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?						
1	INJURY (Month) (Day) (			OCCUR?			
		m.   WORK   AT V	WHILE				
	22. I hereby certify that I attended the deceased from 7/19, 1951, to 7/20, 1951, that I last saw the deceased alive on 7/20, 1951, and that death occurred at 4:30 Am., from the causes and on the date stated above.						
H	27. SIGNATURE	, 1931, and that death o	23B. ADDRESS		ate stated above.		
	Honeld L.	Jonnerly M.		Ma	7/21/51		
Ti	BURIAL, CREMA- 24B. DA	TE 24C. NAME OF CEN	METERY OR GREMATORY 245 L	OCATION (City, town, or e	ounty) (State)		
L	ATE RECEIVED BY Y REGISTI	RAR'S SIGNATURE	1 25 FUNERAL DIRECTOR	769 Jeonae	(o. 11d.		
LC	JU 23195	Enton Milliams	HII Jenstonen	Smale Land	Low Pd		
	VS 150	CONTRACTOR OF THE PARTY OF THE	A LIMINE IN	9700	100		
		THE PARTY OF THE P			11100		

i and furtherns. 4 SEER CO. DOGSTON ONCLOSED COUNTY S. C. C. STREET ASSESSED AND STREET Dr. Genald & Somerville 25 Penna ave Town

	5	1 6429				51	6429
-	530	49.2403	3 BAL		EALTH DEPARTMENT		
В	IRTH NO.	200		CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	PHYLIC	TIL	LMAN S	SMITH	2. DATE OF DEATH 7-2	0-51
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE		
В.	FULL NAME		tal or institution	on, give street address or location)		f outside corporate limits,	
11	ISTITUTION	meliste	NA	1=0	Batton	. 19-	township
7		7	110	Yrs. Mos.	D. STREET ADDRESS (If	f rural, give location)	
1		tay in Baltimore		onthe Days		nt St.	
5.	SEX	6. COLOR OR RACE	WIDOWI	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   ff Um last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	Infan	OF BUSINESS OR	12/23/1949 11. BIRTHPLACE (State or f	foreign country)   113	2. CITIZEN OF
WOL	dooeduriog most	of working life, even if retired)		INDUSTRY		ive eight country)	WHAT COUNTRY
	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
1	William	Allen			Delores Si	mith	
15 (Ye	, mo or uoknown)	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
				una .	MOTHER 5	Ol. N. Mount S	t
	18. E 8	8510		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEA	TH	Care	eral Edema		2, 1
	heart failu	not mean the mode ore, asthenia, etc. It mes	ans the disease.	. (A)	wax caeus	<u>C</u>	3 WNO
	injury or	complication which		) DUE TO			
n-p	ANTECEDENT CAUSES Lead encephalopathy						
z		ANJECEDENT CAUS	0.0	Lead	encephalopathy		
LION	RISE TO T	S OR CONDITIONS, I	IF ANY, GIVING	3	encephalopathy		
CATION	RISE TO T	OR CONDITIONS, I	IF ANY, GIVING	3	encephalopathy		
IFICATION	RISE TO T	S OR CONDITIONS, I	IF ANY, GIVING	DUE TO	encephalopathy	WARRAN A THE WARRAN	
ERTI	OTHER S	G OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE CONDITION LA	IF ANY, GIVING STATING THE AST.  ITIONS CON.	GE DUE TO  (C)	encephalopathy  CERTIFICATION  Stanley	ON APPROVED BY	
CERTI	OTHER S TRIBUTING	OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE DEATH, BUT ISSAND OF THE DEATH, BUT ISSAND OR CONDITION OR CONDITION OF THE DEATH, BUT ISSAND OR CONDITION OR CONDITION OF THE DEATH, BUT ISSAND OR CONDITION OR CONDITION OF T	IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT	GE DUE TO  (C)	Stanley 18	ON APPROVED BY	20. AUTOPSY?
L CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C	G OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGULATION LA INGUITATION LA INGUITATIO	IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT	FINDINGS OF OPER	Stanley 18 OHIET OR ASST.	MEDICAL EXAMINER	YES NO
EDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C	II IGNIFICANT CONDITIONS, I IS TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION INC. ENT WAS UNDER-	IT ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED CAUSING IT 19B. MAJOR  21B. PLAC about home, fa	(C)	CERTIFICATION  CATION  ON 21C. WHERE DID  ON 21C. WHERE DID	MEDICAL EXAMINER. (If in Baltimore City, give	YES NO
L CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYING OF	II IGNIFICANT CONDITIONS, I IS TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION INC. ENT WAS UNDER-	ITIONS CONNOT RELATED CAUSING IT	FINDINGS OF OPER  CE OF INJURY (e.g., icrm, factory, street, office bidg., e	CERTIFICATION  CHEF OR ASST.  OF 21C. WHERE DID (NJURY OCCUR?  501 N. Mount  ED 21F. HOW DID INJURE	MEDICAL EXAMINER. (If in Baltimore City, give Street	YES NO E e exact location)
EDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYING OF CAUSE OF	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGENIES OF CONDITION OF OPERATION IN THE ABOVE CONTRIBUTING CONTRIBUTION CONTRI	ITIONS CONNOT RELATED CAUSING 1T 19B. MAJOR	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bidg., come	CERTIFICATION  CHIEF OR ASST.  OF 21C. WHERE DID (10) INJURY OCCUR? 501 N. Mount ED 21F. HOW DID INJUR  Ate paint a	MEDICAL EXAMINER. (If in Baltimore City, give t Street ry occur? and plaster off	ves No e exact location)
EDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYING OF CAUSE OF  21D. TIME (	II IGNIFICANT CONDITIONS, IT OF THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IT OF CONTRIBUTING DEATH (Month) (Day) (Year)	ITIONS CONNOT RELATED CAUSING IT 19B. MAJOR  21B. PLAC about home, fa about home, fa when the connection of the connecti	FINDINGS OF OPER  CE OF INJURY (e.g., is row, factory, street, office bidg., e  OME  1E. INJURY OCCURRI  HILE AT NOT WHILE AT WORK  deceased from 7	CERTIFICATION  CATION  CHART OR ASST.  COOF 21C. WHERE DID (1)  SUBJURY OCCUR?  501 N. Mount  ED 21F. HOW DID INJUR  Ate paint a	MEDICAL EXAMINER. (If in Baltimore City, give Street	ves No e exact location)
EDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYINGE OF CAUSE OF  21D. TIME ( TINJURY)  22. I hereb deceased all	II IGNIFICANT CONDITIONS, IT OF THE DEATH, BUT ISEASE OR CONDITION FOR OPERATION CONTRIBUTING CONTRIBUTING DEATH CMOnth) (Day) (Year) We certify that I attlive on 7-20	ITIONS CONNOT RELATED CAUSING IT 19B. MAJOR  21B. PLAC about home, fa about home, fa when the connection of the connecti	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bldg., come  The injury occurring the injury occurring at work the injury occurring th	CERTIFICATION  CONTROL OF CONTROL	MEDICAL EXAMINER. (If in Baltimore City, given to Street by OCCUR?  And plaster off  - 20 , 1937  the causes and on the	ves No e exact location)  walls that I last saw the date stated above
EDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE O  21A. ACCID LYINGS OF CAUSE OF  21D. TIME ( 10	II IGNIFICANT CONDITIONS, IT OF THE DEATH, BUT ISEASE OR CONDITION FOR OPERATION CONTRIBUTING CONTRIBUTING DEATH CMOnth) (Day) (Year) We certify that I attlive on 7-20	ITIONS CONNOT RELATED CAUSING IT 19B. MAJOR  21B. PLAC about home, fa about home, fa when the connection of the connecti	FINDINGS OF OPER  CE OF INJURY (e.g., is rm, factory, street, office bldg., e  OME  IE. INJURY OCCURRI  HILE AT NOT WHILE AT WORK  deceased from 7  and that death occur	CERTIFICATION  CATION  CHART OR ASST.  COOF 21C. WHERE DID (1)  SUBJURY OCCUR?  501 N. Mount  ED 21F. HOW DID INJUR  Ate paint a	MEDICAL EXAMINER. (If in Baltimore City, given to Street by OCCUR?  And plaster off  - 20 , 1937  the causes and on the	ves No e exact location)  walls  that I last saw the
MEDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYINGE OF CAUSE OF  21D. TIME 22. I hereb deceased at 23A. SIGNAT  A., BURIAL.	IGNIFICANT CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA INGLES ON CONDITION IN THE INCLUDING PROPERTY OF CONTRIBUTING DEATH (Month) (Day) (Year) IN CONTRIBUTING PROPERTY OF THE INCLUDING PROPER	ITIONS CONNOT RELATED CAUSING IT 19B. MAJOR  21B. PLAGABOUT bome, far about bome, far when the connot be supported by the connection by the connect	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bidg., come  1E. INJURY OCCURRING AT WORK  AT WORK  deceased from 7  and that death occur  M. D.  4C. NAME OF CEMETE	CERTIFICATION  CONTROL OF CONTROL	MEDICAL EXAMINER.  (If in Baltimore City, give to Street expocur?  and plaster off the causes and on the Court of the Cour	ves No e exact location)  walls  that I last saw the date stated above 23c. DATE SIGNED 7-2(-5/) county) (State)
MEDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE O  19A. DATE O  21A. ACCID LYING OF CAUSE OF  21D. TIME  22. I hereb deceased al  23A. SIGNA  AA. BURIAL, (ON, REMOVAL (S) BURIAL	GOR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA ING CONDITION LA ING CONTRIBUTION LA CONTRIBUTING DEATH (Month) (Day) (Year) CAUSE (CONTRIBUTING DEATH (Month) (Day) (Year) CAUSE (CONTRIBUTING DEATH (Month) (Day) (Year) CAUSE (CONTRIBUTING DEATH (Month) (Day) (Year) CAUSE (CONTRIBUTION DEATH (MONTH) (DAY) (Year) CAUSE (CONTRIBUTION DEATH (MONTH) (DAY) (Year) (MONTH) (CONTRIBUTION DEATH (MONTH) (	ITIONS CONNOT RELATER CAUSING IT 19B. MAJOR  21B. PLAG about home, fa about home, fa up we were tended the causing it 1951. a	FINDINGS OF OPER  CE OF INJURY (e. g., is rm, factory, street, office bidg., e  OME  1E. INJURY OCCURRI  HILE AT NOT WHILE AT WORK  deceased from 7  and that death occur  M. D.	CERTIFICATION  CHEF OR ASST.  COOF   21C. WHERE DID (NOUNT)  SOI N. Mount  ED   21F. HOW DID INJURY  Ate paint at   20	MEDICAL EXAMINER.  (If in Baltimore City, given to the course and on the Court)  A. Courty of the causes and on the Courty of the causes and on the Courty of the courty of the courty of the causes and on the Courty of the	walls that I last saw the date stated above 23c. DATE SIGNED FOUNTY) (State)
MEDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE C  21A. ACCID LYING TO CAUSE OF  21D. TIME  22. I hereb deceased all 23A. SIGNAT  A., BURIAL, (6) D., REMOVAL (S	II IGNIFICANT CONDITION LA ING CONTRIBUTING LA ING CONTRIBUTION	ITIONS CONNOT RELATED NOT RELA	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bidg., come  1E. INJURY OCCURRING AT WORK  AT WORK  deceased from 7  and that death occur  M. D.  4C. NAME OF CEMETE	CERTIFICATION  CONTROL OF CONTROL	MEDICAL EXAMINER.  (If in Baltimore City, given to the course and on the Court)  A. Courty of the causes and on the Courty of the causes and on the Courty of the courty of the courty of the causes and on the Courty of the	ves No e exact location)  walls  that I last saw the date stated above 23c. DATE SIGNED 7-2(-5/) county) (State)
MEDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE OF  21A. ACCID LYING OF CAUSE OF  21D. TIME ( 22. I hereb deceased all 23A. SIGNA MALLA ON, REMOVAL (S) BURIAL. ON, REMOVAL (S) BURIAL.  ATE RECEIVE DCAL REGIST	II IGNIFICANT CONDITION LA ING CONTRIBUTING LA ING CONTRIBUTION	ITIONS CONNOT RELATER CAUSING IT 19B. MAJOR  21B. PLAG about home, fa about home, fa up we were tended the causing it 1951. a	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bidg., come  1E. INJURY OCCURRING AT WORK  AT WORK  deceased from 7  and that death occur  M. D.  4C. NAME OF CEMETE	CERTIFICATION  CONTROL OF CONTROL	MEDICAL EXAMINER.  (If in Baltimore City, given to the course and on the Court)  A. Courty of the causes and on the Courty of the causes and on the Courty of the courty of the courty of the causes and on the Courty of the	ves No e exact location)  walls  that I last saw the date stated above 23c. DATE SIGNED 7-2(-5/) county) (State)  d
MEDICAL CERTI	OTHER S TRIBUTING TO THE O  19A. DATE OF  21A. ACCID LYINGE OF CAUSE OF  21D. TIME ( 22. I hereb deceased all 23A. SIGNAT MALLA A. BURIAL, ( CON, REMOVAL (S) BURIAL	II IGNIFICANT CONDITION LA ING CONTRIBUTING LA ING CONTRIBUTION	ITIONS CONNOT RELATER CAUSING IT 19B. MAJOR  21B. PLAG about home, fa about home, fa up we were tended the causing it 1951. a	FINDINGS OF OPER  CE OF INJURY (e. g., ic rm, factory, street, office bidg., come  1E. INJURY OCCURRING AT WORK  AT WORK  deceased from 7  and that death occur  M. D.  4C. NAME OF CEMETE	CERTIFICATION  CONTROL OF CONTROL	MEDICAL EXAMINER.  (If in Baltimore City, give to Street and plaster off the causes and on the Location (City, town, or A. County)	ves No e exact location)  walls  that I last saw the date stated above 23c. DATE SIGNED 7-2(-5/) county) (State)  d

\* w HATTER MAIN STITE S. Principal and the same

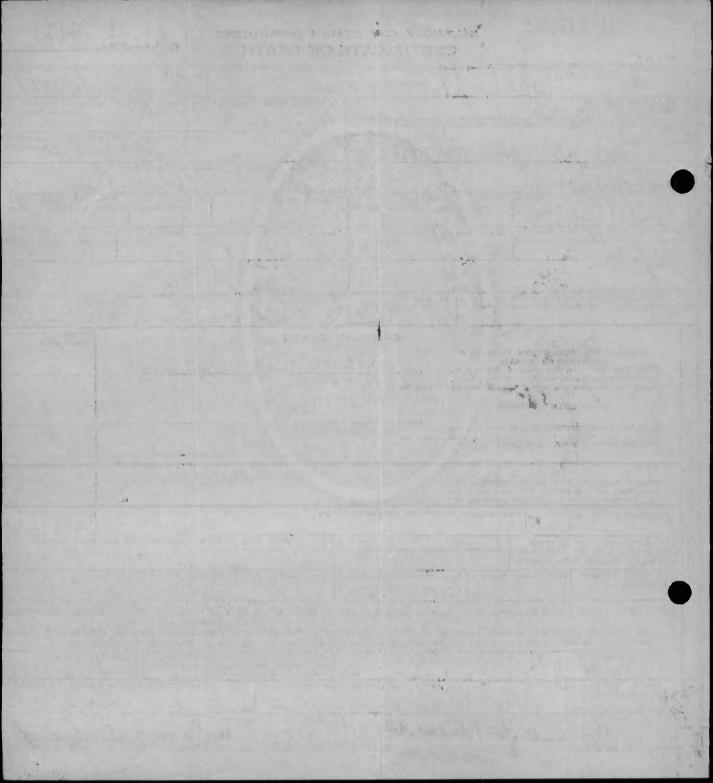
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (tmore HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION · Tan Klin township 3 300 11 mm D. STREET ADDRESS Yrs. (If rural, give location) alla Mos. ength of stay in Baltimore Days AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WYOOWED, DIVORCED (Specify) 8. DATE OF BIRTH Single 6.5 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Stone mason 13. FATHER'S NAME CONLIT. 14. MOTHER'S MAIDEN NAME un Know N Inknown 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) (If yee, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Small & Large Dowel Obst. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Generalized Carcinomatoris 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY /120 d 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) EDI INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 971. M 1921, that I last saw the , 195/, and that death occurred at GPP deceased alive on\_ m., from the causes and on the date stated above. 23c. DATE SKINED 23A. SIGNATURE 23B. ADDRES 24A. BURIAL, OREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24d LOCATION Buria DATE RECEIVED BY FUNERAL DIRECTOR REG/STRAR'S CAL REGISTRAR VS 150



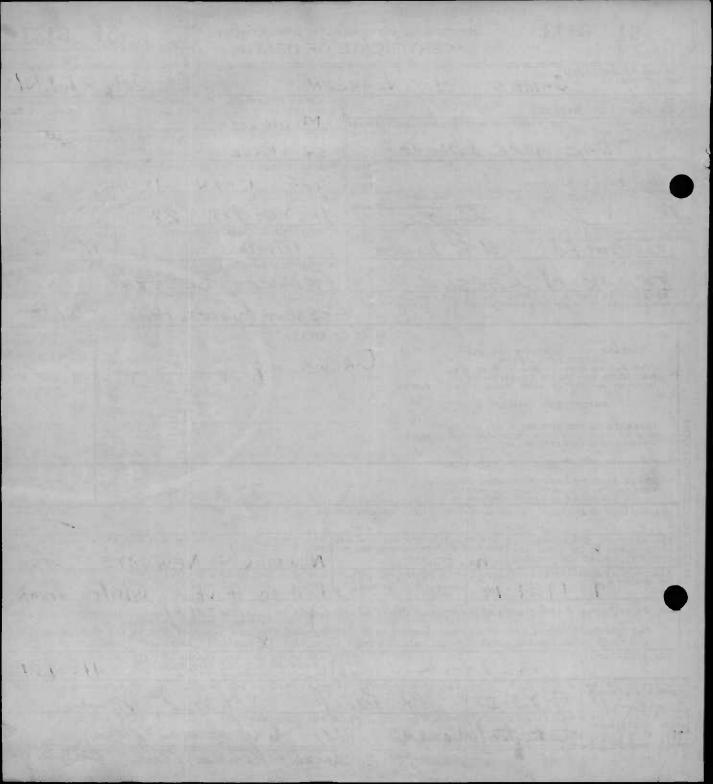
В	IRTH NO.			CERTIFICATE	OF DEATH	negistereu	110,	
	NAME OF D	WILLIAM	DANIE	EL GARRETT		OF JUN	£ 23, 1951	
3	Baltimore City, Maryland (Union MEMORIAL HOSPITAL)			4. USUAL RESIDENCE	(Where deceased lived. I	f institution; residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR								
	UNION MEMORIAL HOSPITAL RALTO. 18 MD.							
	3133011 131			Yrs.	D. STREET ADDRESS (If rural, give location)			
		tay in Baltimore		days Days		SOUTH ST.	60	
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORGED (Specify)			DEC 1,1890	9. AGE (In years last birthday) M	ff Under 1 Year If Under 24 Hours Onths Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF	
		of working life, even if retired)	TELEPH	INDUSTRY	MARYLAN	p	U. S. A.	
_	FATHER'S			DIE GIMPAR	14. MOTHER'S MAIDEN		J. J. H.	
	WILLI	ARD N. G.	ARRETT		ELLA JANE RICE			
1: (Y	5. WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1	יאראסשאי			212-05-0811	PATIENT		SAME	
	18. / 9	9.8.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY				CHOCK AND DEATH	
	(This does not mean the mode of dying, e.g., (A) TERMINAL UREMIA						3 DAYS	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES CA. OF URINARY BLADDER -						1 MONTH	
No.	DISEASES OR CONDITIONS, IF ANY, GIVING						KNOWN	
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, UNDERLYING CONDITION LAST,							
10								
ERTIFICATION	[1] (C)							
ER								
U	TO THE DISEASE OR CONDITION CAUSING IT.				ATION		20. AUTOPSY?	
AL							YES NO	
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)	
Σ	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F, HOW DID 1NJ	URY OCCUR?		
K	F INJURY	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	5/01/	WHILE AT   NOT WHILE				
	22. I hereby certify that I attended the deceased from June 17, 1951, to vuly 23, 1951, that I last saw t.							
	deceased alive on July 23, 1951, and that death occurred at 8:00 m., from the causes and on the date stated above							
	23A. SKGNATURE 23B. ADDRES9						1	
servers or . I will M.D. Whose or whomas respect they is to						July 45 /5 1		
24A. GURIAL. CREMA- TION, REMOVAL (Specify) 7-25-1951 The Clinit Control (City, town, or county) (State,						1, or county) (state)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR						Buck	ADDRESS	
L	OCAL REGIST	951 tutie	标似	Could the !	C. E. Clerk V	Son Forede	wick - ms.	
	VS 150		July 10 4	of the highest state of	- 4		-	
11		44.	or a sharing me a	5405	A		52B	

CENTER OF THE OLDER OF THE 

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH # 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION. D. STREET ADDRESS Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? sla 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mu 15. WAS DECEASED EVER IN U. S. ARMED FORCES!
You, no or unknown) (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, po or uokoown) SECURITY 1509 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO L YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖳 accident 🗌, suicide 🔲, homicide 🔲, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE, SIGNED ASSISTANT MEDICAL EXAMINER .... M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151



В	51 6433  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 6433
1.	1. NAME OF DECEASED JAMES A. LARSON	2. DATE OF JULY 21, 199
Α.	a. Baltimore City, Maryland  B. FULL NAME OF I f not in hospital or institution, give street address or INNESOTA	here deceased lived. If institution : residence в. COUNTY before admission
II н	HOSPITAL OR BALTIMORE HARBOR ST PAUL	outside corporate limits, write RURAL and giv township
	ength of stay in Baltimore . Yrs. Mos. Days 625 BAR	rural, give location)  K ROAD
	M 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWCO, DIVORCED (S. 1) 8. DATE OF BIRTH	9. AGE (In years It Under 1 Year It Under 24 Hours Min.
WOF	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  MINN.	reign country)   12. CITIZEN OF WHAT COUNTRY
13	13. FATHER'S NAME  FRANK H. LARSON  FRANCES	BESETH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	RAL HOME MINN.
	18. Eq. 9.8 CAUSE OF DEATH	INTERVAL BETWEEN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
-	ANTECEDENT CAUSES	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
ERTIFIC	TO THE DISEASE DR CONDITION CAUSING IT.	
I'L C	138, MAJOR TINDINGS OF OPERATION	20. AUTOPSY?
EDICA	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.)  UTING CAUSE OF DEATH.  218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (1)  about home, farm, factory, street, office bldg., etc.)  NEWKIRK	in Baltimore City, give exact location)  NEWGATE STS.
Σ	OF INJURY 7 19 51 105 WHILE AT NOT WHILE   FOLL 15	chor While drunk
	Autopsy, 1	nspection or Inquiry
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said de and death in my opinion resulted from: natural eauses , accident , suicide	□, komieide □, undetermined □.
	ASSISTANT MEDICAL INVESTIGATE	XAMINER 7/22/51
TIC	104 REMOVAL (Specify) 1-73-57 St. Taul	aul Municounty) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25 FUNERAL DIRECTOR	ADDRESS ADDRESS
V	VS 151 N-990 7 Penn	a. aus. Balts. 17



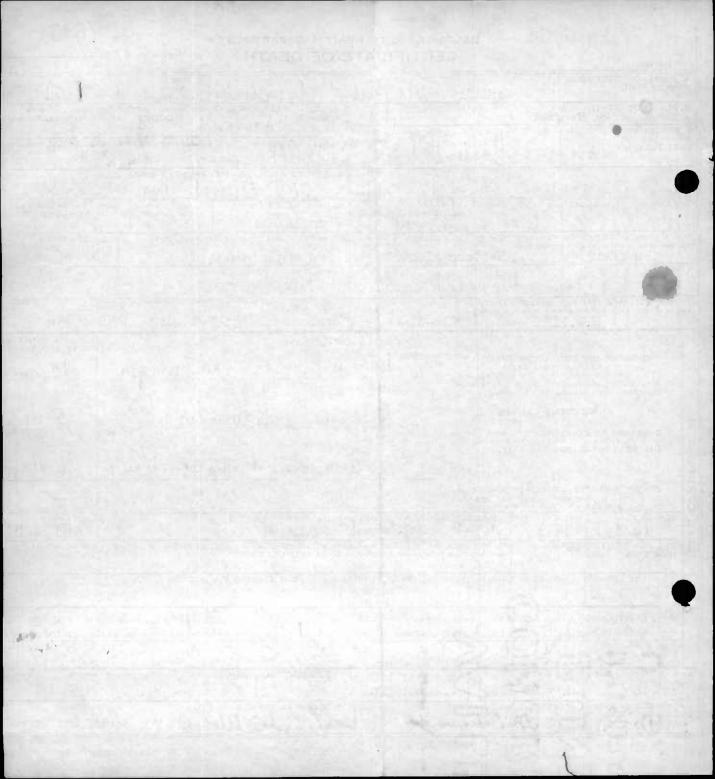
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6434

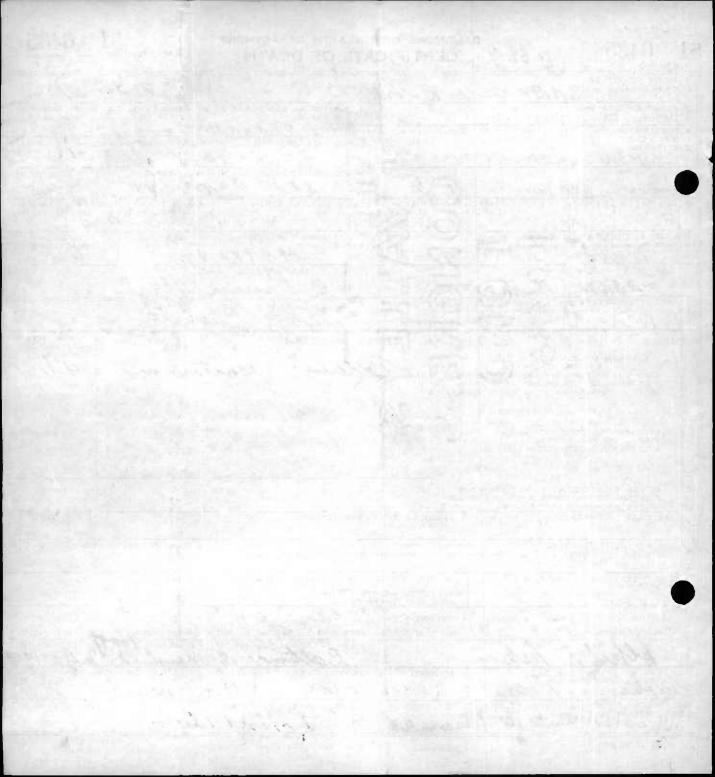
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	l No.
1. NAME OF DECEASED (Type or Print)  Casimir	Stefan	Weal	2. DATE OF DEATH	7.21.51
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived,	If institution; residence before admission
B. FULL NAME OF (If not in hospital or instituti	on, give street address or	Jyon	land.	7
HOSPITAL OR INSTITUTION AUCTORS YOUR	· follocation)	C. CITY OR TOWN	(If outside corporat lin	nits, with the ItteRAL and give township
avoros justip	1 NOV	Balan	wre	
ength of stay in Baltimore 35	Yrs. Mos. Days	337 D. E	(If rural, give location)	
WIDOW	MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months; Dnys Hours; Min
mare white m	varried/	June 1-1912	39	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	n Electric	Jennsyl	vanue	
13. PATHER'S NAME Walter Weel	CKA SUPPLIES(A)	John Shall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS
W.W.11	216-61-9196	Mrs.Frances	Mitchell 620 S.	
18. 550.1		OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	n A	DEATH	00.	ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e. g	Venle	pulnomar	y embolism	n 15 min
heart failure, asthenia, etc. It menns the disease injury or complication which caused death.	e,	(	1	
ANTECEDENT CAUSES	Aill	use horis	tomitis	5 day
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. U L II OTHER SIGNIFICANT CONDITIONS CON	(B)		1	A. C.
	10 cuts	e restured	apraemolier	ho 6 das
E II	(C) J. W. J. W. W. S.			
TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D T	<i>V</i>		
19A. DATE OF OPERATION 19B. MAJOR	1	O 10 A	citis	20. AUTOPSY?
HOMICIDE (Specify) about home, fe	CE OF INJURY (e. g., i	n or   2 C. WHERE DI		, give exact location)
	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	WORK NOT WHILE			
m.	. 1/	July 1051	91011	<u></u>
deceased alive on 2 2. I hereby certify that I attended the		17,55	to al fuly , 19	5 that I last saw th
deceased alive on A MM, 1951, a	and that death occur	38. ADDRESS	from the causes and on	23c. DATE, SIGNED
Milen & Jan	<i>Y</i> '	2711 (ec	les lue:	7/2//5/
24A. BURIAL, CREMA- ZAB. DATE   2	4c. NAME OF CEMETE	RY ON TREMATORY	24D. LOCATION (City, tow	vn, or county) (State
Burial July 25-1951 S	t.Stanislaus		Baltimore, Md.	
DATE RECEIVED BY   REGISTRAR'S SIGNATU		25. RUNERAL DIRE	· · · · · · · · · · · · · · · · · · ·	ADDRESS
LOCAL REGISTRAR	LUL MUSE	1 3 60	11 11 311 3	South Ann Stree

150

68331

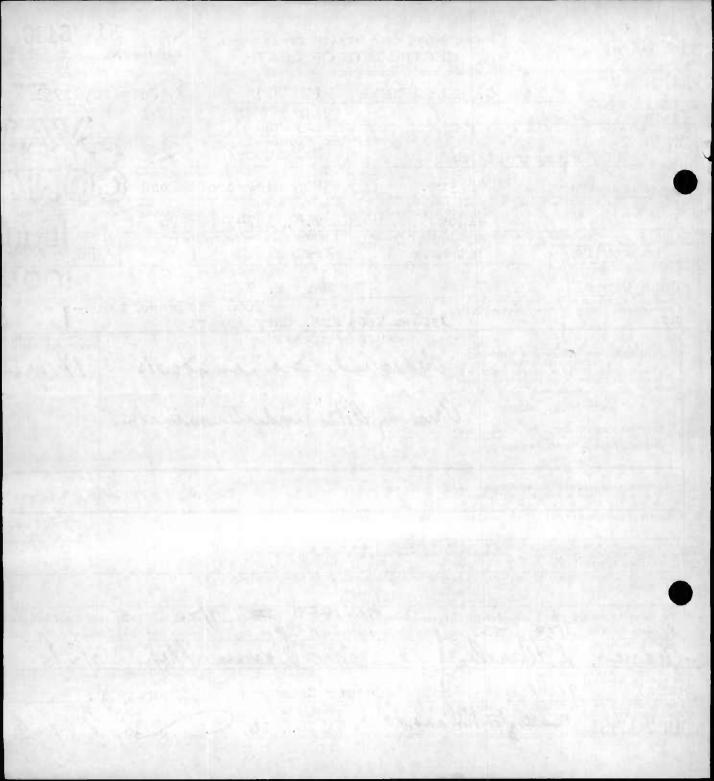


6	23 6435 C 1601 BAL		EALTH DEPARTMENT	Registered No.	6435
	RTH NO.	CERTIFICATI	E OF DEATH		
	NAME OF DECEASED (Type or Print) BAIBY GIRL	BURKE	77.	2. DATE OF DEATH 7-20	-51
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If insti B. COUNTY	tution; residence before admission)
H	FULL NAME OF (If not in hospital or instituti OSPITAL OR ISTITUTION	on, give street address or location)		atside corporate limits, vr	te JURAL and give
	UNION MEMORIAL	HOSPITAL	BALTIMO  D. STREET ADDRESS (If ru		township)
	Length of stay in Baltimore	6 Mary Days	3507 OAH		AVE
	F W SI	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 7-14-51	9. AGE (In years lit Under last birthday) Months	Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	7,70	.,,
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Chamie	REEL	
(Ye	s, oo or onknown) (If yes, give war or dates of service)	SECURITY NO.	Scorge Bus	kett - a	Cov
	18. 785,7	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g	Je.	terus monai	toun	4 days
	heart failure, asthenia, etc. It means the disease injury or complication which caused death.				
7	ANTECEDENT CAUSES				
CATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.				
RTIFICA	n	_(C)			
CER	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
L		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		in Baltimore City, give	exact location)
Σ	OF INJURY	Z1E. INJURY OCCURRI		OCCUR?	
h	22. I hereby certify that I attended the	deceased from 7-	14 , 195/, to 7-		at I last saw the
	decoased alive on 7-20, 1951,	and that death occur	red at 8: 35 Pm., from the 3B. ADDRESS Ulnum M	causes and on the d	te stated above.
_	Alped S. Melson	м. D.	Battimore 18.	Margland	July 201957
TI	REMOVE Opecify)  7/23/5/	LOUGON P	0	etimore	ounty) (State)
D.	ATE RECEIVED BY REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR		DRESS
	VIC. 450	Patricipal de	2	-/-	1.10

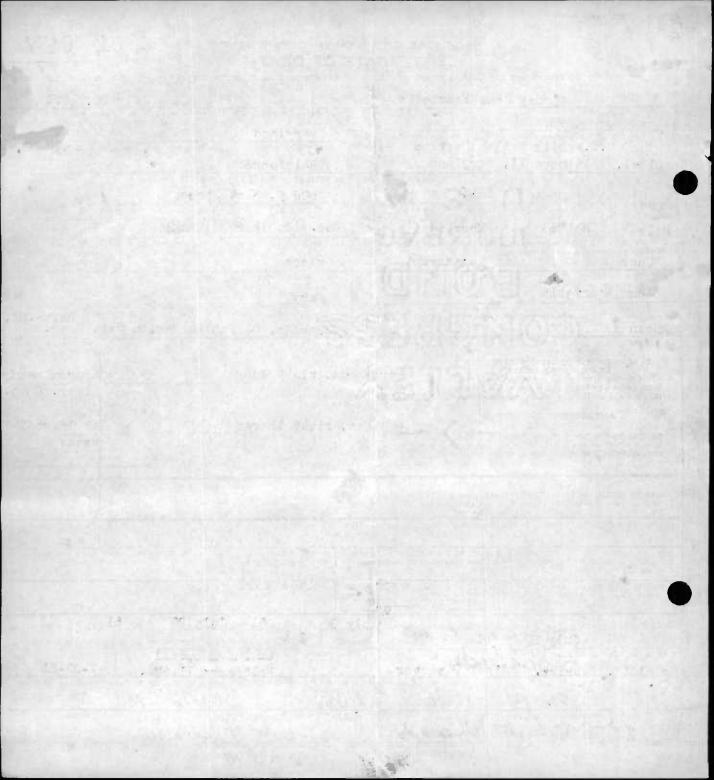


51 6436

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MARY C. ELLENBERGER (ROCHE) DEATH July 20, 1951 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate littills, write RAL and give INSTITUTION Baltimore township) 3806 Ridgecroft Road D. STREET ADDRESS (If rural, give location) Yrs. 45 yrs. 3806 Ridgecroft Road ength of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months Days | Hours Min. Nov. 8, 1874 10A. USUAL OCCUPATION (Give kied of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired)
housewife TISAT COUNTRY at home Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Carroll Mary E. ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 3806 Ridgecrof to Page 6 (Yes, oo or uokoowo) SECURITY NO no 15-10-6053 Mrs. Mary Angert 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arcinemetosis underturnind LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□ INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 194 1950 . 1957, that I last saw the 1. 1951, and that death occurred at \$130 Pm., from the causes and on the date stated above. Acersed alive on. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DUPIAL NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equnty) Holv Redeemer Cemetery Baltimore, Md. DATE RECEIVED BY LOCAL REGISTRAR VS 150 July 23 42 or the state of the state of



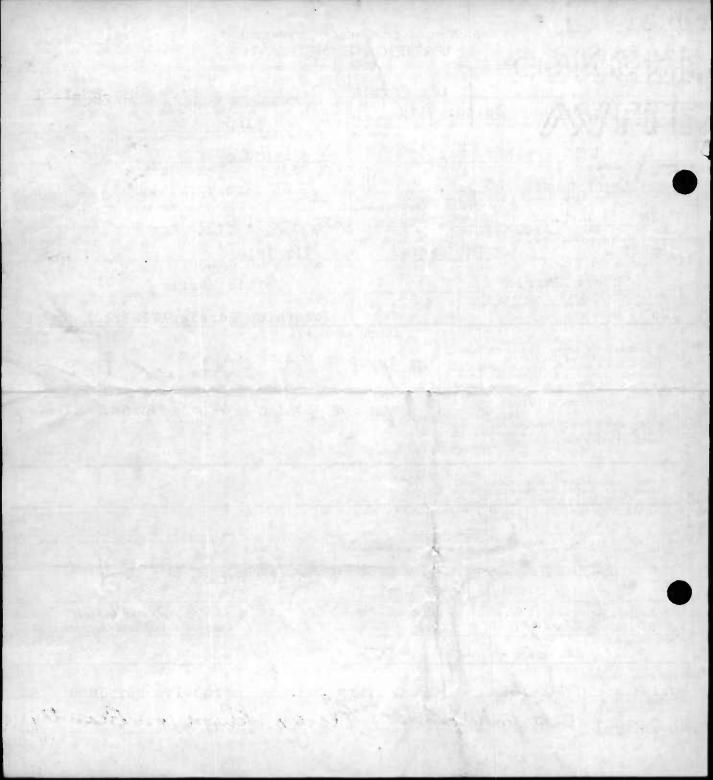
18	IRTH NO.3			CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D		John V	ourtesis		2. DATE OF	2.052
	PLACE OF D		o onn A	ourcesis	4. USUAL RESIDENCE (V		titution: residence
В.	FULL NAME		al or institut	ion, give street address or	Maryland	B. COUNTY	la fore admission)
IN	ospital,	Baltimore 1	l, Mary	land	Baltimore	outside corporate line tsow	township)
	anoth of s	stay in Baltimore	Unk.	Yrs. Mos.	D. STREET ADDRESS (If		
	SEX	6. COLOR OR RACE	7. SINGLE	Days  E. MARRIED,  ZED, DIVORCED (Specify)	8. DATE OF BIRTH		er I Year   H Under 24 Hours as: Days   Hours   Min.
10	Male	White CUPATION (Give kind of	Mar	ried	Dec. 12, 1898	52	
worl	dooeduriog most	of working life, even if retired)		of Business or INDUSTRY taurant	11. BIRTHPLACE (State or fo	oreign country) 12	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	USA
		Kourtesis			Mary?		
15 (Ye	, no or uoknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS Balto . Md .
	Jnknown				Records, US Pu	blic Health Ser	. Hosp.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) COEXISX  ANTECEDENT CAUSES					oma, right lung		Approximate:  1 yr. 6 mo.  At least 2
ERTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G E DUE TO (C)			wee ks
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NDT RELATE	Q			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	LYING O	ENT WAS UNDER.	21B. PLA	CE OF INJURY (e. g., is arm, factory, street, office bldg., e	o or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
ME	ID. TIME F INJURY	DEATH (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from July 9, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 2 A m., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS US PHS Hospital 23C. DATE SIGNED Donald W. Patrick, Medical Director M. D. Baltimore 11. Md. 7-20-51						
710	A. BURIAL. (SON, REMOVAL (S	CREMA- 24B. DATE		24C. NAME OF CEMETE		OCATION (City, town, or	
D/LC	TE RECEIVE DCAL REGIST JUL 231		S SIGNATU		25. FUNERAL DIRECTOR		ODRESS
	VS 150	· Anni	- MARINE	7546M	118 W. M.L. RoyEl	HOE.	470



62	0
----	---

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

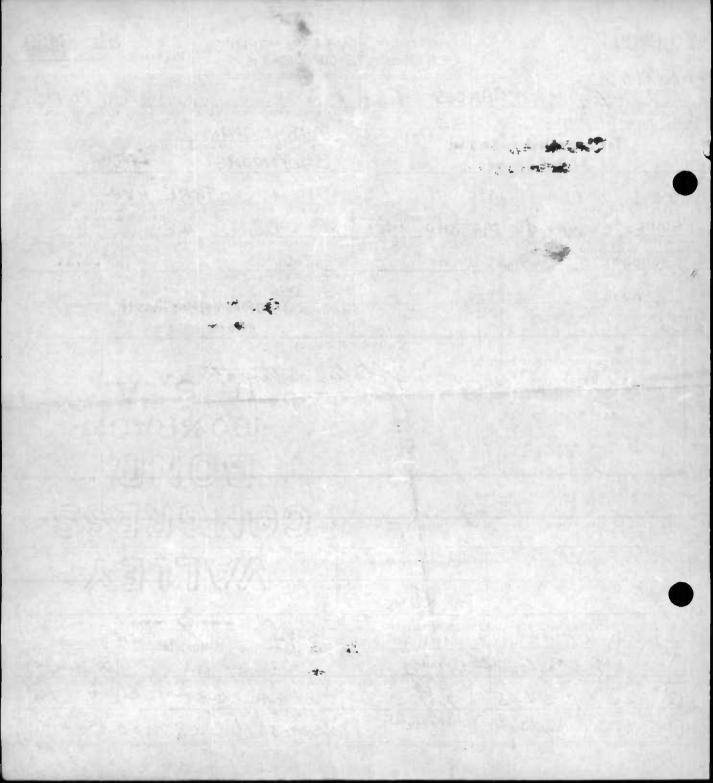
В	IRTH NO.64	38		CERTIFICATI	E OF DEAT	H Register	ed No
1.	NAME OF D		7.			2. DATE OF	
	PLACE OF D			essie Harris	A. USUAL RESIDE	DEATH J	uly-20-1951
		City, Maryland	Balto	o. City tion, give street address or	A. STATE	B. COUNT	
H	OSPITAL OR ISTITUTION			location)	C. CITY OR TOWN	(If outside corporate	limits, write RUPAL and give
	3.0	1712 Pres	bury 8		Baltim		
	41	4 · D 11	F 0 37	Yrs. Mos.		SS (If rural, give locatio	
5	sength of s	tay in Baltimore	50 Y		1712   8. DATE OF BIRTH	Presbury Str	
	Male	Col.	WIDOV	VED, DIVORCED (Specify)	April-25-	last birthday	rs If Under 1 Year If Under 24 Hours Min.
10	A. USUAL OC	CUPATION (Givakinder	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
WOI	Lahore	of working life, even if retired)	Tn	General	Virgin	io	WHAT COUNTRY
13	FATHER'S		7.67	GCHCIUI	14. MOTHER'S MA		U.S.A.
	לוף	nomas Harri	6		Vot	tie Harris	
15	. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES	16. SOCIAL	17. INFORMANT	ore uarrie	1555556
(Ye	NO or unknown)	(If yes, give war or date	of service)	SECURITY NO.		e Harris 171	ADDRESS
	18. 4	2211		CAUSE	OF DEATH	o morrice fix	INTERVAL BETWEEN
	-	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT	H	CARI	110 VASC	DISEASE	5-4
	heart failu	re, asthonia, etc. It mea	ns the diseas	se, 1.) DUE TO	••••••••••••••••	DISCASE	
	mjury or						
7		ANTECEDENT CAUS	ES	CER	EBRAL	HENIORRI	YAGE 2 days
TION	DISEASES	S OR CONDITIONS, IN	ANY, GIVI	NG .		***************************************	
AT	UNDERLY	ING CONDITION LA	ST.				
10				(C)		***************************************	
ERTIFICA	OTHER 6	IGNIFICANT CONDI	TIONS OF				
	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED			
O				FINDINGS OF OPER	ATION	•	20. AUTOPSY?
A							YES NO
DICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in ferm, factory, street, office bldg., e			ity, give exact location)
MEI	CAUSE OF	R CONTRIBUTING DEATH	anout nome,	torm,racoury,surage,omeanage,e	INJURY OCCU	K I	
2	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	u certifu that I att			64 18 195	V+0 -1 U L V 20.	1957, that I last saw the
							on the date stated above.
	23A. SIGNAT	TURE	, 10	2	3B. ADDRESS		23c. DATE SIGNED
	Er	Villiam	. tr	ey M.D.	1928 PE	enna Che	7/21/51
	A. BURIAL, ON, REMOVAL (S			24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, ur county) (State)
	Rurisl	7/24/	51	Mt Calva	ry Cem.	Brooklyn 1	Maryland
D	ATE RECEIVE		SIGNATU		UNERAL DIRI		ADDRESS
1	LL 7 2 10	51 tintie	m Mu	Laure Hill &	Theogo , h	delsionalow	o Geantly hu
7	VS 150	4		manigorati.	()		-
1			· · · · · · · · · · · · · · · · · · ·	9709	99		930
				//-/			10)



# BALTIMORE CITY HEALTH DEPARTMENT

51 6439 Registered No.

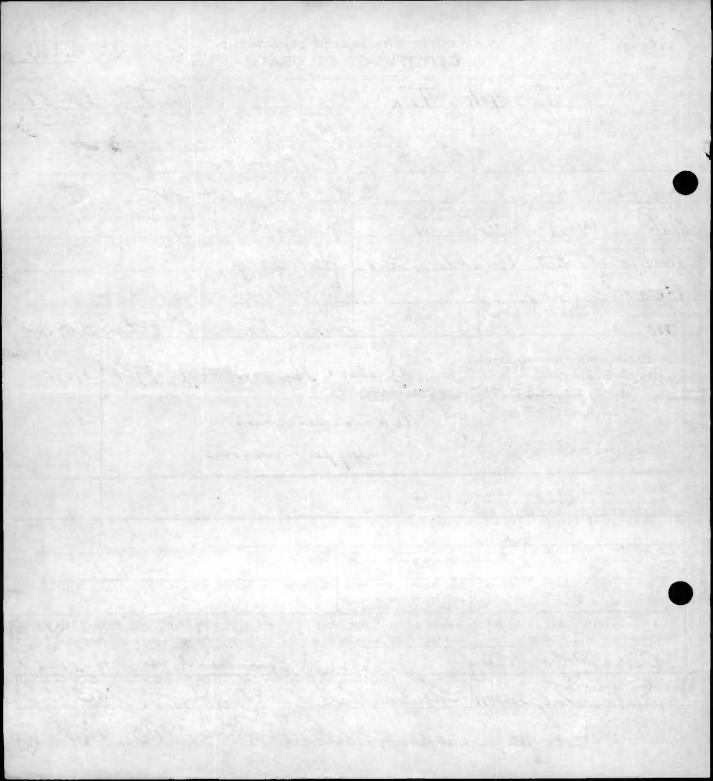
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	FRANC	ES HILL		2. DATE OF DEATH OV	Lu 20, 1951	
A. Baltimore City, Maryland	OSL-	-3	4. USUAL RESIDENCE (W	here deceased lived. I	f titution: residence before admission)	
	al or institutions Hospital	n, give street address or location)	MARYLAND	outside corporate	its, wate RURAL and give	
Baltimore 5	Md.		BALTIMORE	5	township)	
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
5. SEX   6. COLOR OR RACE	Life	Days	310 M. CEM		<u></u>	
FEMALE COLORED	MARE	RIED (Specify)	15-8-08	last birthday) M	If Under 1 Year Il Under 24 Hours Onths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Housewife	At Hor	ne	Baltimore		U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
	metron		Edna Park			
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.		<del>lopkins Hospit</del> ,	DDRESS	
No			Baltim	ore 5. Md.		
18. 241X		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION LEADING TO DEAT	TH	st	- p -11 -1	plane .		
(This does not mean the mode of heart failure, asthenia, etc. It mea	f dying, e.g.,	(A)	lus assimal	ieus	***************************************	
injury or complication which c						
ANTECEDENT CAUS	ES					
DISEASES OR CONDITIONS, II	ANY, GIVING	(B)	***************************************	)		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	DUE TO				
2		(C)		***************************************	***************************************	
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH. BUT TO THE DISEASE OR CONDITION						
OTHER SIGNIFICANT CONDI	NOT RELATED				/	
		FINDINGS OF OPER	ATION			
Z SALE OF GERATION	SB. MAJOR I	FINDINGS OF OPER	ATION		YES NO	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	21B. PLAC	E OF INJURY (e. g., in	n or   21c. WHERE DID (I	f in Baltimore City,		
	about home, far	m, factory, street, office bldg., e	tc.) INJURY OCCUR?			
D. TIME (Month) (Day) (Year)	(Hour)   2	E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?		
INJURY		HILE AT NOT WHILE				
22. I hereby certify that I att		77	-8- 105/ to 1	7-20-105	, that I last saw the	
deceased alive on 7-20-	, 19 5/, an	eceased from 7- nd that death occur	red at 359 Am from th			
23A. SIGNATURE	-, 10, W.	2	38. Abbarsonns Hopkins	HOSPILA	the date stated above.	
prinicolle	notta	Tracy M.D.	Baltimore 5.	Md,	21 July 51	
24A. BURILL, CREMA- 24B. DATE TION REMOVAL (Specify)		C. NAME OF CEMETE	RY OR CREMATORY 24D, LC	CATION (City, town	n, or county) (State)	
Buill 7-24-	-5/	my coll	sey cene. Is	corple	y nig	
DATE RECEIVED BY REGISTRAR	SIGNATUR	Easter Make 1	25 HINERAL DIRECTOR	A.va	& Branty	
JUL 253 1957 1 1 mate	7		cury o wil	esun 1000	o harring	
VS 150	1947,444				110	
		10,100	a 14 a 91		112	



.10	7	- (	)	0	
	7	2	64	13	0

	51	6440
Registered	No.	0440

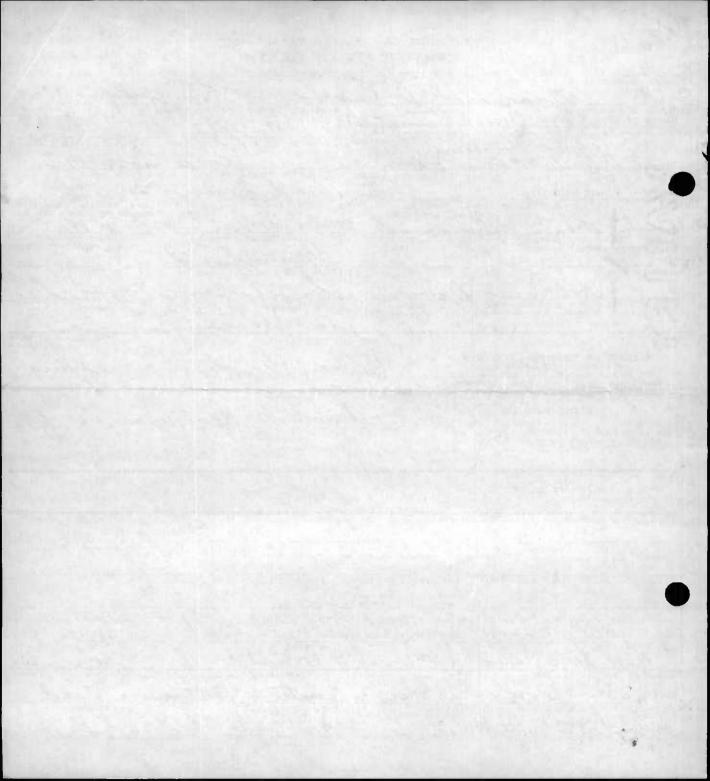
В	RTH NO.			CERTIFICAT	E OF DEATH	rtegistered i	10
1. (T	NAME OF DEC	CEASED TOS	eph	Tax		2. DATE OF DEATH	420-51
Α.	Baltimore Ci	ty, Maryland			4. USUAL RESIDENCE (W		institution: residence before admission
H	FULL NAME O DSPITAL OR ISTITUTION	F (If not in hospital)	3/	ion, give street address or location)		outside eorporate limit	voluntuRAL and give township
		6/0		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		y in Baltimore  S. COLOR OR RACE I	7 611161	Days	630 G. 3/3	* al	
1	Male	White	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH  MALI-12-1874		onths Days Hours Min.
1C worl	done during most of	UPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BURTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NA		06/1/18	ellam Sleet	14. MOTHER'S MAIDEN NA	AME	
	Georg	e Tax			Madeline	Ledere	270
(Ye	. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	no				Borbara lax-6	306, 314	of Balts hed
	18. 33	/ X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does n	OR CONDITION I EADING TO DEAT not mean the mode of asthenia, etc. It mean	H f dying, e. g	. Ceret	al Haeners	lage. Righ	2 7/8/51
	injury or c	omplication which ca	aused death	DUE TO			
Z		NTECEDENT CAUS		arkri	o-selerosis		?
ATION	RISE TO THE	OR CONDITIONS, IF	STATING TH	IG DUE TO	/		7
O	UNDERLYII	NG CONDITION LA	ST.	(C)	ly pertension		
IFI		li li					
CERTI	TRIBUTING T	ONIFICANT CONDITION THE DEATH, BUT I	NOT RELATE	.D			
				FINDINGS OF OPER	RATION		20. AUTOPSY7
CA	01: 100:00		1 01- 5:				YES NO
MEDICAL		NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, s	give exact location)
ľ	D. TIME (M	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
	22 I hereby	contifue that I att	m.	deceased from Ha	v. 20 1941, to fa	Pag 12/ 10%	/ 17-1 7 7-1 - 17
					rred at 6:30 Pm., from th	ne causes and on the	I, that I last saw the
	23A. SHENATU	RE O.A	0.		3B. ADDRESS		23c. DATE SIGNED
	non		lung	м. р. / с	326W Lomb	114	7-21-51
1(0	AA. BUBIAL CR	edfy) 24B. DATE	14957	Landon Se	RY OR CREMATORY 240, LO	CATION (City, town,	or county) (State)
Di	ATE RECEIVED	BY REGISTRAR'S	SIGNATU		25 FUNERAL DIRECTOR	A 9 5	ADDRESS
	JUL 2319	351-4-	- Wise	440	William Goobis	ne- Dell	hed
	VS 150	Canada (4)	~ / ///www.	II AND			×3a
							4



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6441 Registered No.

	RTH NO.					
	NAME OF DECEASED ype or Print)	agnet	26	or L	2. DATE OF DEATH Fu	ly 22 1951
A.	PLACE OF DEATH: Baltimore City, Maryland	1400 %. Les	lington	14. USUAL RESIDENCE ()	Where deceased lived	
H	FULL NAME OF (If not in hospite DSPITAL OR STITUTION aged M	omen	location)		outside corporate	miles write FURAL and give township)
14	und Olyed M.	eris A	Yrs.	D. STREET ADDRESS -N	rural, give location	re Md.
	ength of stay in Baltimore		Mos. Days	1400 St. Les	1 ·	n St.
5.	SEX 6.COLOR OR RACE	7. SINGLE, MAR WIDOWED, DI	RRIED.	8. DATE OF BIRTH	9. ASE (In years	Months; Days Hours: Min.
2	emale White	Studa		March 4 1857	94	4 18
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	10s. KIND OF B	BUSINESS OR INDUSTRY	200	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	0		14. MOTHER'S MAIDEN N		1
	Mellian	w Du	ruer	Sarah	ane &	oomles!
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED s, no or unknown) (If yes, give war or dates	FORCES? 16.5	SOCIAL SECURITY NO.	17. INFORMANT	. H. Pead	ADDRESS
			V	1400 Hest Le	fination	Street
	18. 420.0		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION I		D no	mens. VIII	1	21/41
	(This does not mean the mode of heart failure, asthenia, etc. It mean	ns the disease,	(A)	ong mon	GN)	
	injury or complication which co	aused death.)	DUE TO			
_	ANTECEDENT CAUS	ES	an	teriorlevoler Ne	2 stilines	e - 600
0	DISEASES OR CONDITIONS, IF	ANY, GIVING	\	/ 44	m am	700
ATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE D	DUE TO			
O.			(C)	***************************************	******************************	
TIF	11					
ER	OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT	NOT RELATED				
U	19A. DATE OF OPERATION 1	9B. MAJOR FINE	INGS OF OPER	NATION.		
				RALION		20. AUTOPSY?
AL				RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE O	FINJURY (e. g., i tory,street,office bldg.,	in or   21c. WHERE DID (	If in Baltimore Cit	
	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)	about home, farm, fac	F INJURY (e. g., i	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
	LYING OR CONTRIBUTING CAUSE OF DEATH	(Hour)   21E, 11	FINJURY (e. g., i tory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)	(Hour) 21E. If WHILE A WORK	FINJURY (e. g., itory, street, office bidg., NJURY OCCURR NOT WHILE AT WORK	in or 21c. WHERE DID (etc.) INJURY OCCUR?	Y OCCUR?	YES NO YES, give exact location)
	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)  1 INJURY  22. I hereby certify that I att	(Hour) 21E. II  MHILE A  work  ended the decea	FINJURY (e.g., tory, street, office bldg.,  NJURY OCCURR  NOT WHILE AT WORK  ased from	in or 21c. WHERE DID (etc.) INJURY OCCUR?  ED 21f. HOW DID INJUR	y occur?	yes No (a) No (a
	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)  1 INJURY  22. I hereby certify that I att	(Hour) 21E. If WHILE A WORK	FINJURY (e. g., itory, street, office bldg.,  NJURY OCCURR NOT WHILE AT WORK  ased from hat death occur.	in or 21c. WHERE DID (etc.) INJURY OCCUR?  ED 21f. HOW DID INJUR	y occur?	YES NO YES, give exact location)
MEDI	22. I hereby certify that I attected alive on July 23A. SIGNATURE	(Hour) 21E. If  WHILE A WORK  ended the deced 7, 1927, and t	FINJURY (e. g., itory, street, office bldg.,  NJURY OCCURR NOT WHILE AT WORK  used from hat death occur  M. D.	in or 21C. WHERE DID (etc.) INJURY OCCUR?  21F. HOW DID INJUR  1950, to freed at 1:31 Pm., from 238. ADDRESS  4-2-33 NIST	y occur?	yes No Laty, give exact location)  95/, that I last saw then the date stated above  123c PATE SIGNED  July 23, 195/
MEDI	21D. TIME (Month) (Day) (Year)  21D. TIME (Month) (Day) (Year)  22. I hereby certify that I att. deceased alive on July 22  23A. SIGNATURE	(Hour) 21E. If  WHILE A WORK  ended the deced 7, 1927, and t	FINJURY (e. g., itory, street, office bldg.,  NJURY OCCURR NOT WHILE AT WORK  used from hat death occur  M. D.	in or 21c. WHERE DID (etc.) INJURY OCCUR?  21f. HOW DID INJUR  1950, to pred at 1:31 pm., from 238. ADDRESS 4-E-33ulst	v occur?  Vely ZZ, 19  The causes and or  -18	yes No Laty, give exact location)  95/, that I last saw then the date stated above  123c PATE SIGNED  July 23, 195/
MEDI	CAUSE OF CONTRIBUTING  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)  11D. TIME (Month) (Day) (Year)  22. I hereby certify that I att deceased alive on July 22  23A. SIGNATURE  24B. DATE  DN. REMOVAL (Specify)  ATE RECEIVED BY   REGISTRAT'S	(Hour) 21E. If  WHILE A WORK  ended the deced 7, 1927, and t	FINJURY (e. g., itory, street, office bldg.,  NJURY OCCURR NOT WHILE AT WORK  used from hat death occur  M. D.	in or 21c. WHERE DID (etc.) INJURY OCCUR?  21f. HOW DID INJUR  1950, to pred at 1:31 pm., from 238. ADDRESS 4-E-33ulst	v occur?  Vely ZZ, 19  The causes and or  -18	yes No Laty, give exact location)  95/, that I last saw then the date stated above  1230. PATE SIGNED  July 23, 195/
MEDI	CAUSE OF CONTRIBUTING  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year)  1 INJURY  22. I hereby certify that I att  deceased alive on July ZZ  23A. SIGNATURE  4A. BUKIAL, CREMA-  24B. DATE  DN. REMOVAL (Specify)  21. 1 INJURY  22. I hereby certify that I att  deceased alive on July ZZ  23A. SIGNATURE  24B. DATE  21. 24B. DATE  21. 24B. DATE	about home, farm, fact (Hour) 21E. 11  m. WHILE A WORK ended the deced 7, 1927. and t	FINJURY (e. g., itory, street, office bldg.,  NJURY OCCURR NOT WHILE AT WORK  used from hat death occur  M. D.	in or 21c. WHERE DID (1) (etc.) INJURY OCCUR?  ZED 21f. HOW DID INJURE  21f. HOW DID INJURE  23f. ADDRESS  4-E-33ulst  ERY OR CREMATORY 240. I	v occur?  Vely ZZ, 19  The causes and or  -18	yes No Last saw then the date stated above.  23c. DATE SIGNED (State)



## YAI bRAITH BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

6442

В	IRTH NO.			CERTIFI	CAIL	OF DEATH	A Stered	110.
	NAME OF Type or Print)		Sulle	with			2. DATE OF DEATH	W22.1951
	Baltimore	DEATH: City, Maryland				4. USUAL RESIDENCE	(Where deceased lived.) B. COUNTY	If institution; residence before admission)
В.	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hose		on, give street a	ddress or location)	C. CITY OR TOWN	V -	its, write RURAL and give
_	13-11-1	Source tot	Viko unotli	K-1.		mer H	tungdon	township)
	ength of	stay in Baltimore			Yrs. Mos.	D. STREET ADDRESS	(If rule), give location)	C.L
5	SEX	6. COLOR OR RAC		, MARRIED,	Days	8. DATE OF BIRTH	9. AGE(In years)	Il Under 1 Year   If Under 24 Hours
1	nale	I h hite	m	ED, DIVORCED	) (Specify)	1-1-15	3 (o	lonths Days Hours Min.
	A. USUAL O	CCUPATION (Give kind tof working life, even if retire	of 10B. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S	Deller	tibre	Board	60.	Tenn	a.	U.S.A.
	1	. 0 40	0	14	(M)	14. MOTHER'S MAIDEN	NAME	
15	5. WAS DECEA	SED EVER IN U. S. ARM	ED FORCES?	16, SOCIAL		17. INFORMANT	Binder	ADDRESS
(xe	NO OF UNKNOWN	(If yes, give war or da	tes of service)	SECURIT			PRIES ROSPITE	ADDRESS
	18.	93X .				OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OF CONDITION	ATH	1	0		1	ONSE! AND DEATH
6	heart fail	es not mean the mode lure, asthenia, etc. It me r complication which	of dying, e. g		esp	inatory f	ai/ure	
		ANTECEDENT CAL			72		N 100	
Z	DISEASE	ES OR CONDITIONS,	IF ANY GIVIN	(B)	128	AIN Tum	UY-	
ATION	RISE TO	THE ABOVE CAUSE (A	) STATING TH	E DUE TO	1.07	ichlastens		
FIC				(C)		ioblastoma mul	oltome)	
RTIF	OTHER	SIGNIFICANT COND	OITIONS CON					
CER	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	0				
L				FINDINGS O	F OPERA	ATION		20. AUTOPSYT
CA	21A ACCI	DENT WAS UNDER-	218 PLA	CE OF INJUR	V (a a in	and 21c WHERE DID	(If in Politica and City)	YES NO
MEDI	CAUSE OF	R CONTRIBUTING DEATH	about home, fo	arm, factory, street, o	office bldg., et	or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location) .
7	TID, TIME	(Month) (Day) (Yea		1E. INJURY O		D 21F. HOW DID INJ	URY OCCUR?	
			m.	WORK .	AT WORK			
	22. I here	by eertify that I a	ttended the	deceased from	m			I, that I last saw the
	23A. SIGNA	live on )-2;	<u>L, 1921_, a</u>	ind that deat			n the eauses and on	the date stated above.
	12	16 Naa		pan	м. D.	OHKS HOPKINS MO	SPITET	ESC. DATE STORED
24 TI	4A. BURIAL.		2	4c. NAME OF	CEMETER	Y OR CREMATORY 240	LOCATION (City, town	, or county) (State)
D	NEMO V		3 - 3 / ·	Loun	ling	dong Tah	& Lieu Brigd	on, la.
	JUL 23	TRAP TELESTRAP	S'S SIGNATU	HE ALE		m Cook	drc 12/1	St Paul St.
	VS 150		10000000000000000000000000000000000000	nigeras	510	45		FULL 2
	9							744

See Document File 51-6442
8/17/51
ES

Hamma was St.

1. Sec. 144 2 ...

1	51 6443  BIRTH NO.  BALTIMORE CITY HE CERTIFICATE	1
	1. NAME OF DECEASED (Type or Print) Mr. Nick Mackelous.	2. DATE. OF Jul
	3. PLACE OF DEATH:  A. Baltimore City, Maryland Maryland.	4. USUAL RESIDENCE (Where deceased lived, If in
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Agnes Hospital.	
	Yrs.	D. STREET ADDRESS (If rural, give location)

7. SINGLE, MARRIED

Restaurant.

WIDOWED, DIVORCED (Specify)

5.

10B. KIND OF BUSINESS OR

Mos.

Davs

INDUSTRY

Sea Ford

Greece.

8. DATE OF BIRTH

59

6443 y 20, 1951. nstitution : residence before admission) write RURAL and give township) D. STREET ADDRESS (If rural, give location) Del. 9. AGE (In years If Under 1 Year If Under 24 Hours las birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SOUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES WO . 1957, that I last saw the 23c. DATE SIGNED

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Nideoles. Sotereos Mackelos. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Andrew Mackelos CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OPERATION ... FINDINGS OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) shout home, form, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 7/14/5/ 19 22. I hereby certify that I attended the deceased from\_ deceased alive on 7/20 19 21. and that death occurred at. m., from the causes and on the date stated above. BURIAL, CREMA-24A. 24B. DATE \_REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRANS

VS 150

ength of stay in Baltimore

10A. USUAL OCCUPATION (Givekindof)

work done during most of working life, even if retired)

6. COLOR OR RACE

White

The state of the state of Toleriton cedan .am

# BIRTH NO

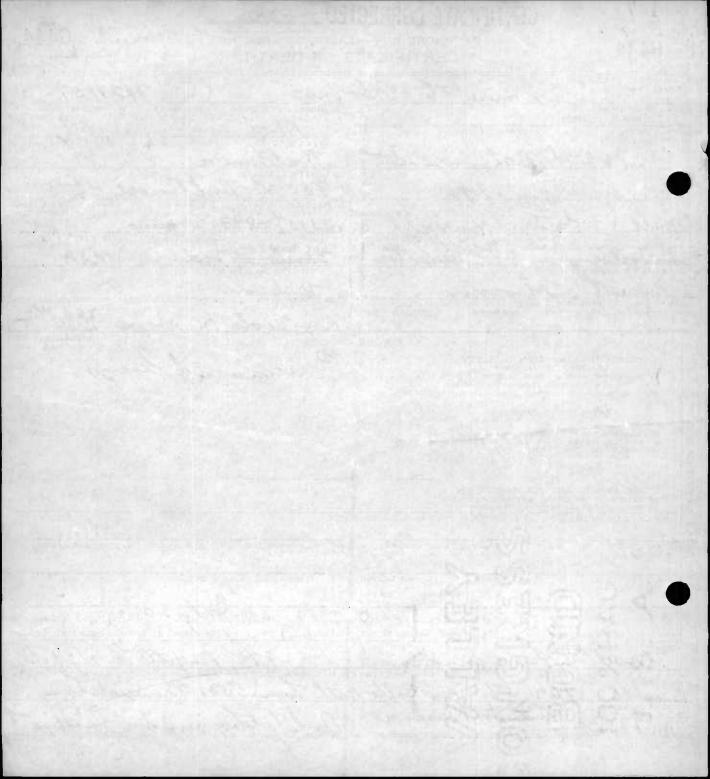
51 6444 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY befor admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate tights waite RURAL and give C. CITY OR INSTITUTION (If rural give location) Yrs. Mos. ength of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLORJOR RACE 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of sork down uring most of forking life, even if retired) 11. BIRTHPLACE (State or foreign country, USINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY CONJT. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE. WORK 20,195/, that I last saw the 22. I hereby certify that I attended the deceased from O

! and that death occurred at b deceased alive on the 19.5

im., from the causes and on the date stated above.

DATE RECEIVED BY

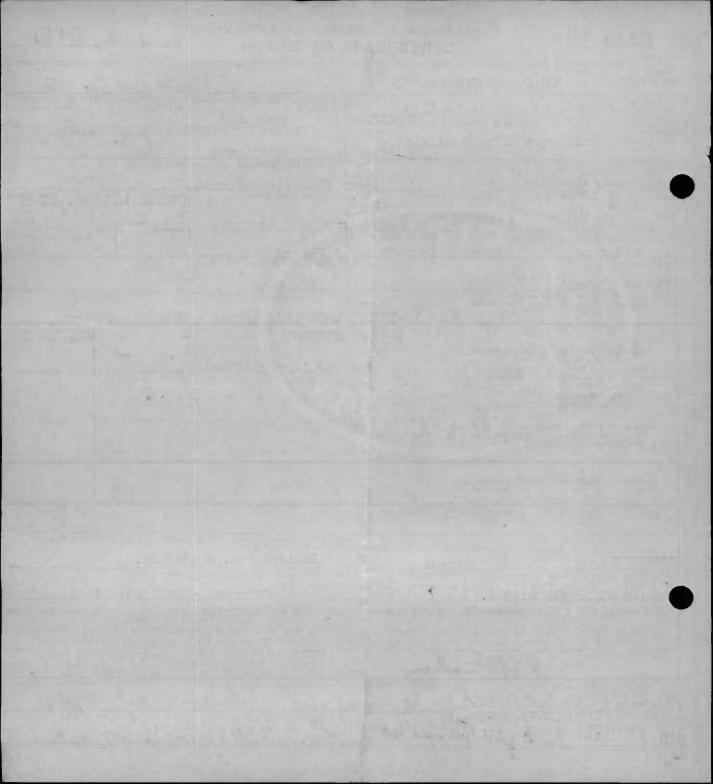
VS 150



1	20
0	EAA5
BIRTH	NO

# CERTIFICATE OF DEATH Registered No. 6445

В	RTH NO.			CERTII TOATI	L OI DEXIII		
	NAME OF D 'ype or Print)		S KAROI	HARHUT		2. DATE OF DEATH July	21, 1951
Α.	PLACE OF D Baltimore (	City, Maryland B		re City	4. USUAL RESIDENCE A. STATE Maryland	B. COUNTY	nstitution: residence before admission)
H	OSPITAL OR ISTITUTION	Baltimore C		location)	c. CITY OR TOWN (  Baltimor		township)
				Yrs. Mos.	D. STREET ADDRESS ()		
	ength of s	tay in Baltimore	7 51816-11	Days E. MARRIED.	2510 Fleet Str		Indar I Year   If IIndar 24 House
	ale	White	Mar	ried (Specify)	1888	63	Inder I Year I Under 24 Hours the Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Assembl		Martin	Aircraft	Poland		
13	3. FATHER'S	VAME		(11)	14. MOTHER'S MAIDEN	NAME	
15	Thomas	Harhut ED EVER IN U.S. ARMED	FORCECO	1 16 606141	Ida Bunk		
(Ye	m, no or unknown)	(If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
-				1212-16-7325	Catherine Harhu	t - 2610 Fleet	
	(This doe	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of	TH of dying, e. ons the diseas	g., (A)Crus	of death	hest	INTERVAL BETWEEN
		ANTECEDENT CAUS	SES				
ATION	RISE TO	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
10		11					
ERTIFICA	TRIBUTING	GIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED			
Ü	19A. DATE O	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
A L			-		Louis Williams Bib	(Te in The Manner Office of	YES NO
EDICA	21A. EXTERI	NAL CAUSE WAS IG N OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	ec.) 21c. WHERE DID INJURY OCCUR? Eastern Ave.	(If in Baltimore City, gi	ve exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		RY OCCUR?	
		20. 1951 6:4		WHILE AT NOT WHILE AT WORK	X Passenger - a	uto-truck coll:	ision
	22. 1 certi	fy that I took char	ge of the	remains described	ibove, held anau		. thereon and from
	the ev	idence obtained by eath in my opinion	said Autoresulted	opsy, Inspection or life from: natural causes	Autopsy Inquiry, find that said s [], accident [], suicid	, Inspection or Inquiry deceased died on the le □, homicide □, un	e day stated above adetermined [].
	23a. SIGNA	TURE	8Fi		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	TOR JU	1y 23, 1951
2. TI	4A. BURIAL, ON REMOVAL (S	CREMA- 248. DATE Specify) Ouly 25	10.00	St. Stand	RY OR CREMATORY 24D.	Ita. City	mol (State)
	ATE RECEIVE OCAL RECIST		S SIGNATU	IRE .	25. PUNERAL DIRECTOR	Ausbildon.	ADDRESS any
V	S 151 N	-862.2		57437			1704

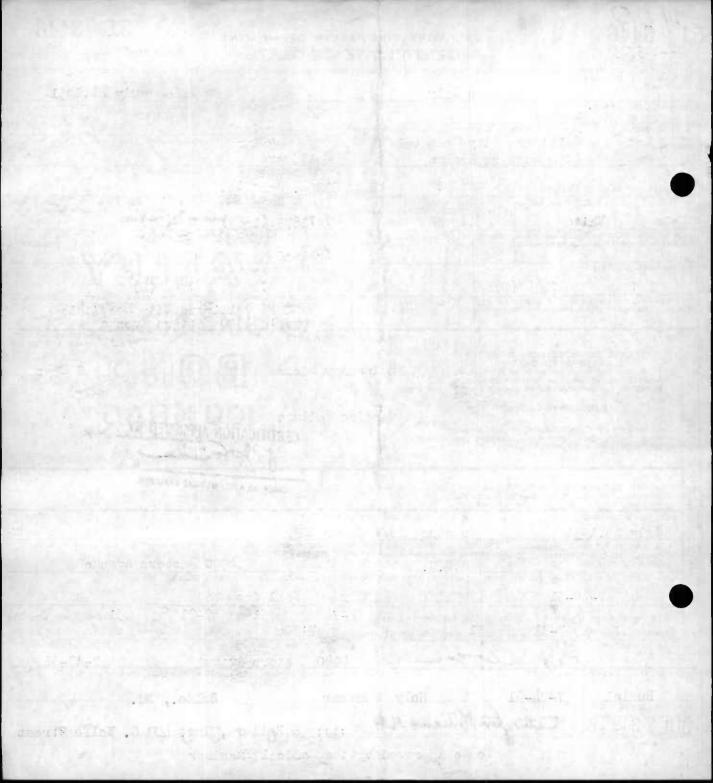


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6446

Registered No.

	NAME OF D	ECEASED	John	Dalv		2. DATE OF DEATH Jul	y 21,1951	
	PLACE OF DE Baltimore C	EATH: City, Maryland	- 01111		4. USUAL RESIDENCE	CE (Where deceased lived, B. COUNTY		
В.	FULL NAME	OF (If not in hospit		ion, give street address o		nd n	11	
	OSPITAL OR	Baltimor	e City	Hospitals docation	c. CITY OR TOWN	(If outside corporate line	write RURAL and give township)	
3		4940 Eas	tern Av	enue	Baltimore	1	to witsiip)	
1				Yrs.	D. STREET ADDRESS	(If rural, give location)		
	ength of st	tay in Baltimore		? Mos.	832 S. Bond	St.		
5	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours	
1	Male	White		red, divorced (Specify	" ? ?1873?(186	(3) 78?(38)	Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of			11. BIRTHPLACE (Stat		1 12. CITIZEN OF	
WOT	k done during most o	of working life, even If retired)		INDUSTR			WHAT COUNTRY?	
13	B. FATHER'S N	IAME			Ireland			
		TOWN E	/=\		14. MOTHER'S MAIDI	A SCHOOL SECTION AND ADDRESS.		
-	7	7	(D)		7	(D)		
(Ye	e, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B	altimore City H	ADDRESS	
						940 Eastern Ave		
	18. 78	24 and	E 9	Uz. 7 CAUSE	OF DEATH	414	INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	DIRECTLY			and the second	ONSE! AND DEATH	
	LEADING TO DEATH				narw Edema	ary Edena		
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,	de de Calenda y y in la la la de de de de la composition de de la composition de la composition de la co	•••••••••••••••••••••••••••••••••••••••		
	injury or	or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES Cardiac Failure						?	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  CERTIFICATION APPROVED BY:  -P.							
Ĕ	RISE TO TI	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	CERTIFICA	المستمانية واعم المالا	- 17. P.	
OA	ONDERE	THE CONDITION LA	.51.	(C)		and a		
CERTIFICATION					U-V	M	0.	
H	OTHER S	II IGNIFICANT CONDI	TIONS CON		CHIEF OR /	SST. MEDICAL EXAMINER.		
M		TO THE DEATH, BUT			QIII.			
				FINDINGS OF OPE	RATION		20. AUTOPSY?	
EDICAL	J112 7		779	acture left f			YES NO X	
S		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Baltimore City		
Ш	LYING OF	CONTRIBUTING X		arm, factory, street, office bldg.	,etc.) INJURY OCCUR?	4940 Eastern A	remine 32	
Σ		(Month) (Day) (Year)		C.H.	RED 21F. HOW DID 1N		ry Cirde	
4	F INJURY							
		7-14-51	m.	WORK AT WORK				
	22. I hereby	y certify that I att	ended the	deceased from	2-7, 1951, t	o 7-21, 19	5] that I last saw the	
	deceased al	live on 7-21	., 19 51	and that death occu	irred at 7:30a m., fr	om the causes and on	the date stated above.	
	23A. SIGNAT	TURE )	1)		23B. ADDRESS		23c. DATE SIGNED	
		red.	(60)	M.D.	4940 Eastern	Avenue	7-23-51	
24	AA. BURIAL, CON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY 2	4D. LOCATION (City, tow	n, or county) (State)	
4.17	Buria	. 1	1	Holy Rede	omon	Polto Ma		
D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATA	IRE THE	25. FUNERAL DIREC	TOR NO.	ADDRESS	
L								
1	CAL PEGIST	157	ator N	Many Miles				
_	VS 150	151   turti	stor N	Many	:i;;y& Zeile	;;Ing 403 s.	Wolfe Street	

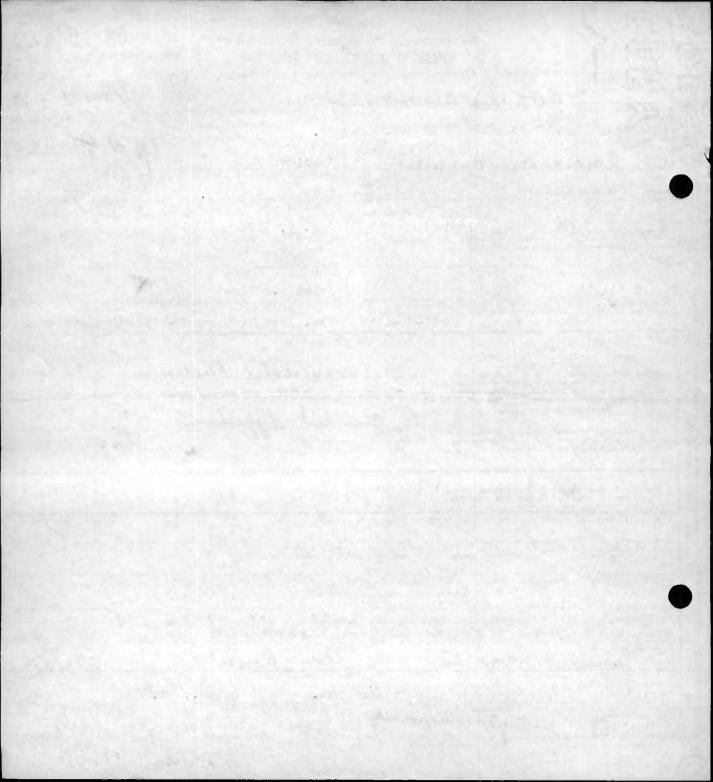


4	23
51	6447
BIRTH	NO.

Registered No\_

- IIIIIOITE	OIII	1111	DELVILLE
CERTI	FICA	TE OF	DEATH

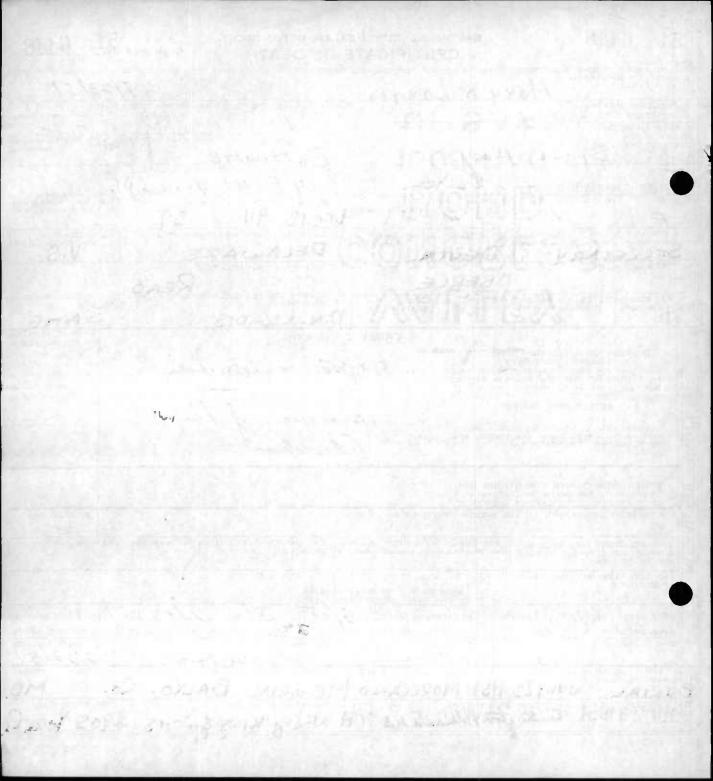
BI	IRTH NO.						
	NAME OF OECEA 'ype or Print)		57	Blanche	Estelle	2. OATE OF OEATH	122/8-1
	PLACE OF DEATH		11	DISTICTIE	4. USUAL RESIDENCE (V	1	. If institution: residence
_	Baltimore City,		1 1	1	A. STATE	B. COUNTY	
H	FULL NAME OF OSPITAL OR	(II not in nospite	u or institut	ion, give street address or location)		- all	mits, write RURAL and give
III	ISTITUTION	4	11	. 41		outside corporate in	township
	V mi	YETOLTY	По	Yrs.	Woodlawn D. STREET ADDRESS (If	rural give location	
	ength of stay in	n Paltimone		Mos.		./	5200
5.		DLOR OR RACE	7. SINGLE	Days Days E, MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year   If Under 24 Hours
	E	141	WIDOW	ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPA	TION (Give kind of)	Sin	OF BUSINESS OR	Jan. 7, 1875	76	
work	done during most of wnrki	ng life, even if retired)	TOB. KING	INOUSTRY		reigh country)	12. CITIZEN OF WHAT COUNTRY
13	nurse FATHER'S NAME				Maryland		
					14. MOTHER'S MAIDEN NA	AME	
	Robert Bligh				Julia A. Kline		
(Ye	. WAS DECEASED EVE	yes, give war or dates	rorces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				213-26-1118	Mrs. John Zimmer	man - 1928	Summitt Ave.
TION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  CAUSE OF DEATH  (A) LEYEBY & Vascular Accident  (B) LESENTIAL HYPLEMEN  (B) LESENTIAL HYPLEMEN  (B) LESENTIAL HYPLEMEN  (B) LESENTIAL HYPLEMEN  (CAUSE OF DEATH  (A) LEYEBY & Vascular Accident  (B) LESENTIAL HYPLEMEN  (CAUSE OF DEATH  (A) LEYEBY & Vascular Accident  (B) LESENTIAL HYPLEMEN  (CAUSE OF DEATH  (A) LEYEBY & Vascular Accident  (B) LESENTIAL HYPLEMEN  (CAUSE OF DEATH  (A) LEYEBY & Vascular Accident  (A) LeyeBy & Vascular Accident  (B) LESENTIAL HYPLEMEN  (CAUSE OF DEATH  (CAUSE OF DEATH  (CAUSE OF DEATH  (A) LeyeBy & Vascular Accident  (CAUSE OF DEATH  (CAUSE OF D						
CERTIFICATION	OTHER SIGNIF	HE DEATH, BUT I	TIONS CON	D		,	
1	19A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTO SY?
MEDICAL	21A. ACCIOENT V LYING OR CON CAUSE OF DEATH 21D. TIME (Month OF INJURY	ITRIBUTING	(Hour)	CE OF INJURY (e.g., in arm, factory, street, office bldg., e	te.) INJURY OCCUR?		y give exact location)
			m.	WORK AT WORK			
	deceased alive or	tify that I atto	nded the , 19 57.	deceased from 7 and that death occur	red at 4 5 0 Pm., from th	<b>2 - 2 2</b> , 19 he causes and or	the date stated above,
	23A. SIGNATURE	ohe. F.s.	gend	M. D. 2:	Univ. Hospil	T.l	23c. DATE SIGNED
24 TIO	A. BURIAL CREMA	24B. DATE		4c. NAME of CEMETER		OCATION (City, to	
100	Burial	7/25/5		Baltimore	Cdm. Palt	too. Jid.O	1
LC	TE RECEIVED BY CAL REGISTRAR	REGISTRAR S		This was it is	29. FUNERAL DIRECTOR	clever \	ADDRESS
	VS 150		15, 15,	A September 1988 September 1988	830	Butto	md.



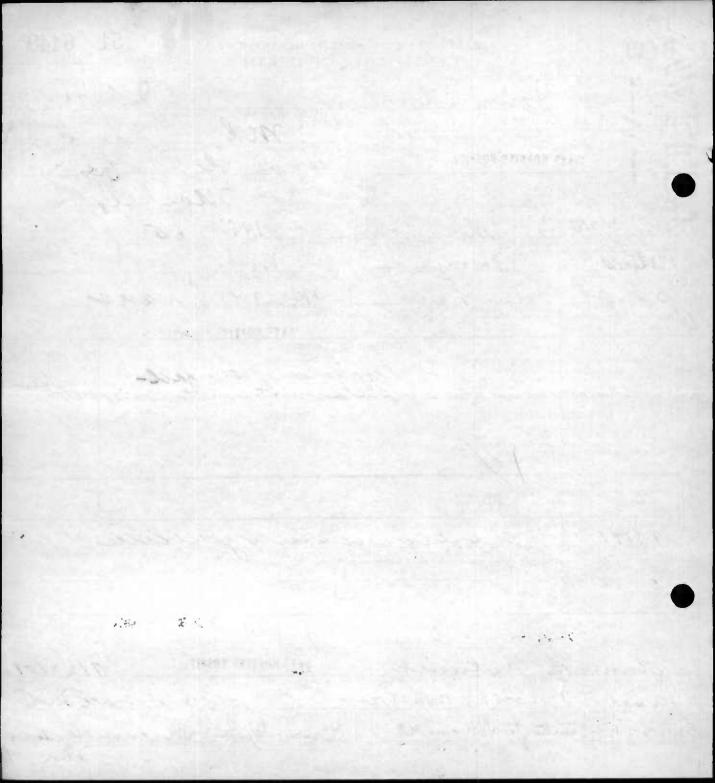
53	1	
53	6448	

Registered No. 6448

В	RTH NO.			CERTIFICAT	E OF DEATH	registered.	
	NAME OF D 'ype or Print)		44 K.	Landis		2. DATE OF DEATH	/23/51
	Baltimore (	City, Maryland			4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	f institution : residence before dmission)
H	FULL NAME	OF (If not in hospit	al of instituti	ion, give street address or location)	c. CITY OR TOWN (	If outside corporate li ni	ts http://tukal.and.give
IN	ISTITUTION	Sinai	H051	2	Rultimor	e	township)
7			7	Yrs. Mos.	D. STREET ADDRESS (1	f rural, give location)	
-5	ength of s	tay in Baltimore	7 5111515	Days Days	19 E MT	Vernon P	1.
	F	W	WIDOW	ED DIVORGED (Specify)	DEC.18,1911	last birthday) M	onths Days Hours Min.
worl	one during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		DE	MINT	14. MOTHER'S MAIDEN		V.S.
			UBER	RLE	14. MOTHER'S MAIDEN	READ	
15 (Ye	e, nn nr unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	NO			13 10/07 3315	D.N. LAMDI	3	INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	No	of DEATH Date in suffic	cienei	ONSET AND DEATH
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease	e,		9	
	200	ANTECEDENT CAUS	ES	P	-1 . 0	1.	
ON	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	remis of	due	
AT		THE ABOVE CAUSE (A) YING CONDITION LA		(C)	levelum		
IFIC							
CERTIFICATION	TRIBUTING	SIGNIFICANT CONDS TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n nr 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJUS	RY OCCUR?	
			m.	WHILE AT NOT WHILE		,	
	22. I hereb	y certify that I att	- 770		195 to_	2/23,19/	that I last saw the
	deceased a		_, 19.5 /	and that death occur	red at 2 m., from	the causes and on t	the date stated above.
	23A. 31014A	Leune	Clo	velle M. D.	Lines	Hom	23c. DATE SIGNED
NI	N. REMOVAL	CREMA- 248. DATE Specify)	1951	MADELA NO	RY OR CREMATORY 24b.	BALTO. C	o. MO
D	ATE RECEIVE	REGISTRAR	SIGNATU	RE UN O	25. FUNERAL DIRECTOR		ADDRESS
=	VS 150			All the same of th	" washing	STANKS 4	LIOS JOINE
	73 .30		. 13 Sept.	350	280		124a

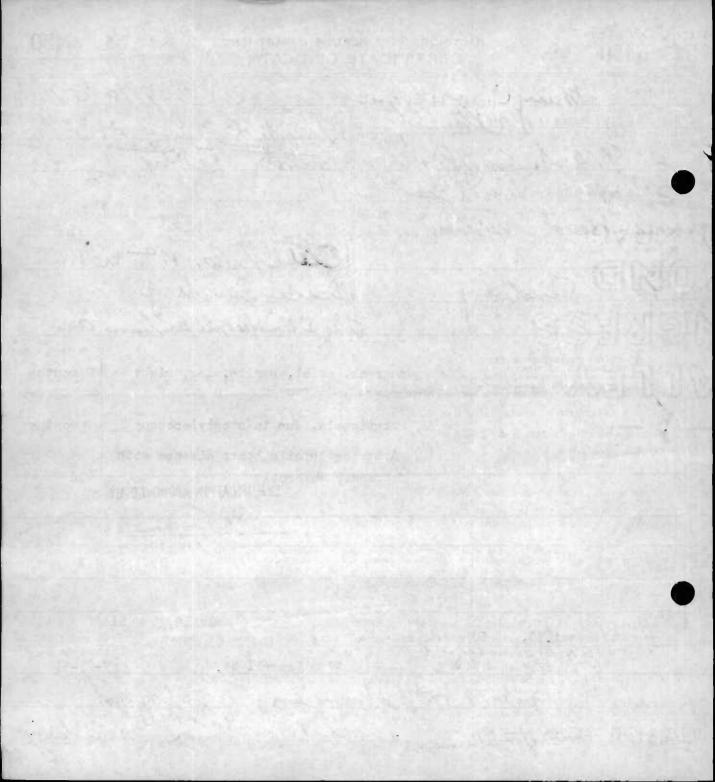


BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	Mark		2. DATE OF DEATH July	123.1951
a. Baltimore City, Maryland  B. FULL NAME OF (If hot in nospital or inst	itution, give street address or	4. USUAL RESIDENCE (WA. STATE		itution: residence before admission)
HOSPITAL OR INSTITUTION IONES HOPKIRS HOS	location)	c. CITY OR TOWN (If of	outside corporate limits, w	rite RURAL and give township)
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	fural, give location)	St-
male White 7	GLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	T Year II Under 24 Hours Days Hours Min.
work depoluring most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF WHAT COUNTRY?
aseph Mac	him	14. MOTHER'S MAIDEN NA	La rane	
19. WAS DECEASED EVER IN U. S. ARMED FORCES (Vee no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,	LY	of DEATH		INTERVAL BETWEEN ONSET ANO DEATH
heart failure, asthenia, etc. It means the di- injury or complication which caused do ANTECEDENT CAUSES	sease, eath.) OUE TO	eder with m	Startain	
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B) IVING 5 THE OUE TO (C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
. 19A. DATE OF OPERATION .   19B. MAJ	or findings of oper	cinoma of ga	Welder	20. AUTOPSY?
	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
F INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		OCCUR?	ACE IN
22. I hereby certify that I attended to deceased alive on 7 - 23, 19.5	he deceased from 7	-/(- ,195/, to )	- 2-3-, 1951, the	hat I last saw the
Anne B. Mer		ONES HOPKINS HE	1 2	3c. DATE SIGNED
1348. BURIAL, CREMA- 1193 REMOVAL (Specify) 7-26-1	M. Fre	RY OR CREMATORY 24D, LO	vede Sta	ounty) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAL COLOR OF THE PROPERTY OF THE PROPERT	Manus, Mar	Permisson	4 Sh Have	de Grace
VS 150	91012		46F	mod



6	35
51	MARIA

	IRTH NO.	F DEATH REGISTER	1 110
1.	NAME OF DECEASED Type or Print)  May C. Jordan	2. DATE OF DEATH	18/51
Α.	Baltimore City, Maryland Colfo City  A. S. FULL NAME OF (If not in how tall of institution, give street address or	USUAL RESIDENCE (Where deceased lived.	If justitution: residence hefore admission
H	OCDITAL OD	ITY OR TOWN (If o table corporte lin	mits, write RURAMan grive
	Length of stay in Baltimora we al Year, Mos. Days	TREET ADDRESS (If rural, give location)	10
		ATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.
10 worl	OA. USUAL OCCUPATION (Gitchind of IOB. KIND OF BUSINESS OR INDUSTRY	Me V. Co. Va	12. CUTIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	OTHER'S MAIDEN NAME	100,00
(v)	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 18, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT S. Brooks 1926 Up land	ADDRESS AM
	18. 470,0 CAUSE OF D	EATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	oist, semile, leg, right	
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	a, due to staphylococcus lerotic heart disease wi	
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERTIFICATION APPROVED	BY
DICAL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	- Morrow	M. D. 20. AUTOPSY?
1EDIC		CHEF OR ASST. MEDICAL EXAMINATION (If in Lattimore City NJURY OCCUR?	, give exact location)
	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2  WHILE AT NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from June 22 deceased alive on Sept. 20, 19 50, and that death occurred a		
		DDRESS	23c. DATE SIGNED
	I. B. BRONUSHAS, M. D. M. o. 3037	O'Donnell St.	7-21-51
TIC	AA. BURIAL, CREMA- ON, REMOVAL (Spacify)  The Steely Spice Symp  California	y Com. a. a. Co.	mol
	OCAL REGISTRAR I PEGISTRAR'S SIGNATURE	Will Will	ne Eldury
	VS 150		927 04

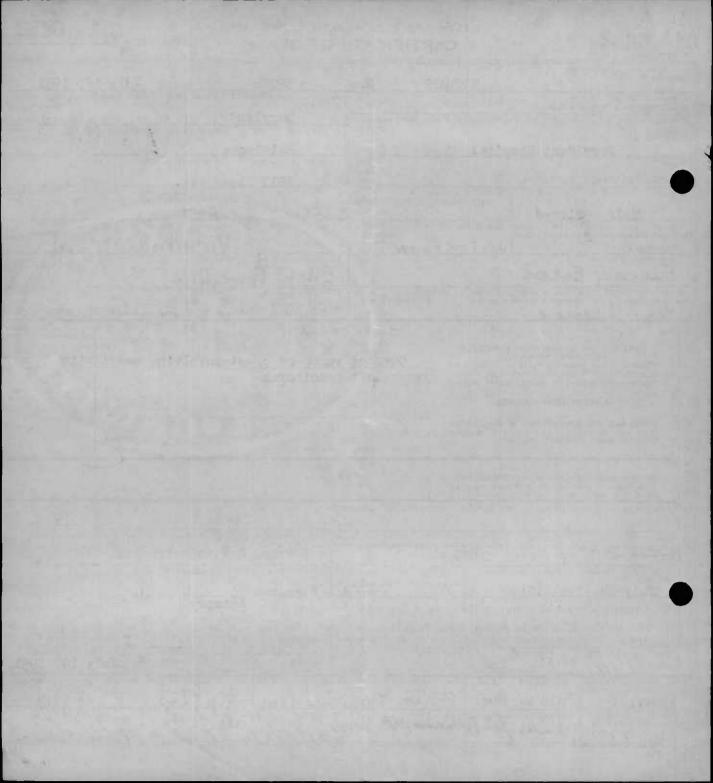


5 5 8	5 5 B	2.61-1613	CE		HEALTH DEPART		Register	51 ed No	6451
(1	NAME OF DE	Balon Bo	y Gar	dner			DATE OF DEATH	7/2	2/51
B.	PLACE OF DE Baltimore Ci FULL NAME COSPITAL OR ISTITUTION	ity, Maryland	al or institution, gi	Hepite ve street addres locat	c. CITY OR TOWN	(If outsi	B. COUNT	y med	e RURAL and give
	ength of sta	ay in Baltimore	05 817 ()	7 M	D. STREET ADDR		give location	n) /2	-01
8	Male	6. COLOR OR RACE White CUPATION (Give kind of	Sing	VORCED (Spe	7/20/5	-1		) Months I	Days Hours Min.
worl	. FATHER'S NA	working life, even if retired)		INDUST		land	- Country)		HAT COUNTRY
15 (Ye	. WAS DECEASED	D EVER IN U. S. ARMED		SOCIAL SECURITY NO	Cloise 17. INFORMANT	Dare		ADDRES	55 11 11
	(This does not heart failure in jury or c	E OR CONDITION LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which con NTECEDENT CAUS	f dying, e.g., ns the disease, aused death.)	CAUS (A) C	ongenit	altha	W.D.I.	101	TERVAL BETWEEN
RTIFICATION	DISEASES RISE TO TH	OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVING STATING THE	(B) DUE TO (C)					
CERTI	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED						
AL.	19A. DATE OF	OPERATION	98. MAJOR FINI	DINGS OF O	PERATION				YES NO
MEDICAL		NT WAS UNDER- CONTRIBUTING	218. PLACE O about home, ferm, fac			OID (If in	Baltimore C	ity, give ex	act location)
2	21D. TIME (M	Month) (Day) (Year)	(Hour) 21E. I WHILE MORK		HILE C		CUR?		
	deceased alia		ended the deced	ased fromhat death of	20, 195 curred at./0:40 A		iuses and d	on the dat	t I last saw the te stated above.  DATE SIGNED
24 TIC	REMOVAL (Spe	REMA 248, DATE (CO.) 7/23	151 2401		ETERY OR CREMATORY	24D. LOCA	ON (City, t	Jeles	
D/ LC	TE RECEIVED	AR	Lan Millian	m. Har	25 FUNERAL DIR	Acade	ster.	36/3C	Reserved
3	VS 150		and the same	a General Con-				157	Ear

The second secon S Income rentro le plat is Jahran Lange Committee Com 1000-0708 Harris John M. John to be inside 3 - 7 - 1 - 1 - 1 STON IN ELL 125/05/4 STATE STATE STATE bund person Stall , Done Robert Strait and the Alding no 10:00 17 541 - Party man and the Property of the Control of the

# CERTIFICATE OF DEATH Registered No. 6452

BIRTH NO.	CERTIFICATI	E OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF	
	RICHARD P.	ESTER DEATH July 4. USUAL RESIDENCE (Where deceased lived, if ins	18, 1951
a. Baltimore City, Maryland		A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)		(1) RYRAL and give township)
Provident Hospi		Baltimore	- Wilship
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore  S. SEX   6. COLOR OR RACE   7.	Days SINGLE, MARRIED,	1817 Riggs Ave.	der 1 Year   D Under 24 Hours
	WIDOWED, DIVORCED (Specify)	last birthday) Month	ns Days Hours Min.
Male Glored  10A. USUAL OCCUPATION (Give kind of 10)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	2. CITIZEN OF
wurk done during most nf wurking life, even if retired)	T. INDUSTRY	Virginia 1	WHAT COUNTRY?
13. FATHER'S NAME	aler tron	14. MOTHER'S MAIDEN NAME	
Eugene Ester.		Ellen Powell.	
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or unknown) (If yes, give war or dates of st	RCES?   16. SOCIAL ervice)   SECURITY NO.	17. INFORMANT ADD	PRESS
Yes www.	SECONT I NO.	Mrs. Mildred Powell (Aunt) 1318	W. Lanvalest
18. F 48. X .	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR			
LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the		wound of chest involving heart	with
injury or complication which eause	ed death.)	hemothorax	
ANTECEDENT CAUSES			
Z DISEASES OR CONDITIONS, IF AN	(B)		
PISE TO THE ABOVE CAUSE (A) STA	ATING THE DUE TO		
V	(C)		
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	NS con.		
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED		
	MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
4			YES X NO
UNDERLYING X OR CONTRIB.	2.1B. PLACE OF INJURY (e. g., i out home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	exact location)
M OTHER CHARGE OF BEATTH	Lot at	Parrish & Winchester Sts.	
Z 21D. TIME (Month) (Day) (Year) (Ho OF INJURY			9
July 18, 1951 10:40	Y M WORK AT WORK	A code comments	
22. I certify that I took charge	of the remains described of	above, held an Autopsy Inspection or Inquiry	thereon and from
the evidence obtained by sai and death in my opinion res	d Autopsy, Inspection or l ulted from: natural cause	Inquiry, find that said deceased died on the $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ und	day stated above, letermined [].
23A. SIGNATURE	K M	ASSISTANT MEDICAL EXAMINER Ju	1y 19, 1951
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Speeify)	24C. NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, or	equinty) (State)
Burial July 24, 19	51 Ballo: Yal	ional Cem. Ballo.	TVIOL.
DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR	IGNATURE TO	ON UNERAL DIRECTOR ALL	DDRESS322
		Mrs pall 1 Tullans 81.1	emorally
V S 151	con your together worth	-	111 1
11-867.4	9705	J	166



3-6453
DIRECT NO

alla legibily

deach clearly

correct age as especially

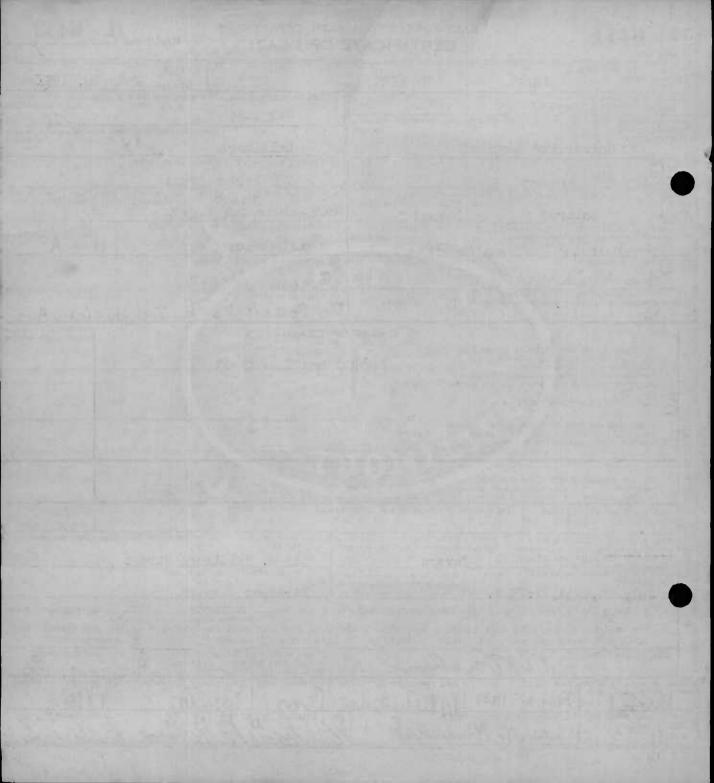
V S 151

#### BALTIMORE CITY HEALTH DEPARTMENT

.).	L 645	03	BAL	CERTIFICAT	E OF DEATH	Registered	No. 0430
	RTH NO.						
	NAME OF D	JAMES		NEWKIRK		2. DATE OF DEATH Jul	Ly 20, 1951
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. I B. COUNTY	f institution : residence before admission
HO	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate lin	its, write LURAL and giv
2	Ţ	Jniversity Ho	spital		Baltimore		ownship
H	U_			Yrs. Mos.	D. STREET ADDRESS (If I	rural, give location)	
		tay in Baltimore		Days	721 Harlem		
Ma Ma	ale	6. COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	November 25	9. AGE (In years last birthday)	If Under 1 Year Ionths Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
WOLE	Lah	of working life, even if retired)	Water	Front	Baltimore	, Md.	U.S.A.
13	FATHER'S		14.001.01		14. MOTHER'S MAIDEN NA	ME	
	John,	Newkirk.			Fannie Moo	rc.	
15 (Yes	. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			0.000	Mrs. Francis We	bb. 7217	tarlem Ava
	18. DISEAS	981 X 1 SE OR CONDITION LEADING TO DEA			OF DEATH		INTERVAL BETWEE
	heart failt	not mean the mode of are, asthenia, etc. It mea complication which	of dying, e. a	se,	ot wound of chest	***************************************	
		ANTECEDENT CAUS	SES				
z	DISEASE	S OR CONDITIONS, I	E ANY CIVIN	(B)	***************************************	744*****************************	
2	RISE TO T	THE ABOVE CAUSE (A)	STATING TI				
A	ONDERE			(C)		• • • • • • • • • • • • • • • • • • • •	
RTIFICATION		II					
FA	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATE	ED			
CE		ISEASE OR CONDITION	***************************************	FINDINGS OF OPER	PATION		20. AUTOPSY?
١	ISA. DATE C	OF OPERATION 1	SB. MAJOR	FINDINGS OF ORE	(ATTON		YES X NO
NCA		NAL CAUSE WAS G X OR CONTRIB-		ACE OF INJURY (e. g., ifarm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
1EDI		AUSE OF DEATH.	1 10	avern		more Street	
2	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		OCCURY	
	July	20,1951 11:25	P. m.	WORK AT WORK			
	22. I certi	fy that I took char	ge of the	remains described of		nspection or Inquiry	thereon and from
	and de	ath in my opinion	said Auto	opsy, Inspection or infrom: natural cause	Inquiry, find that said descriptions $\Box$ , accident $\Box$ , suicide	ccased died on to homicide K.	the day stated above undetermined .
	23a. SIGNA	J Vo	10-n		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E I.D. MEDICAL INVESTIGAT	XAMINER	3c. DATE SIGNED
710	Burial S	GREMA- 24B. DATE DECITY July 25	1951	MT. AUGUA	Cem. Ba	CATION (City, tow)	n, or sounty) (State)
	TE RECEIVE		SSIGNATU	9,5	25. FUNERAL DIRECTOR	1.66	ADDRESS 99

97055

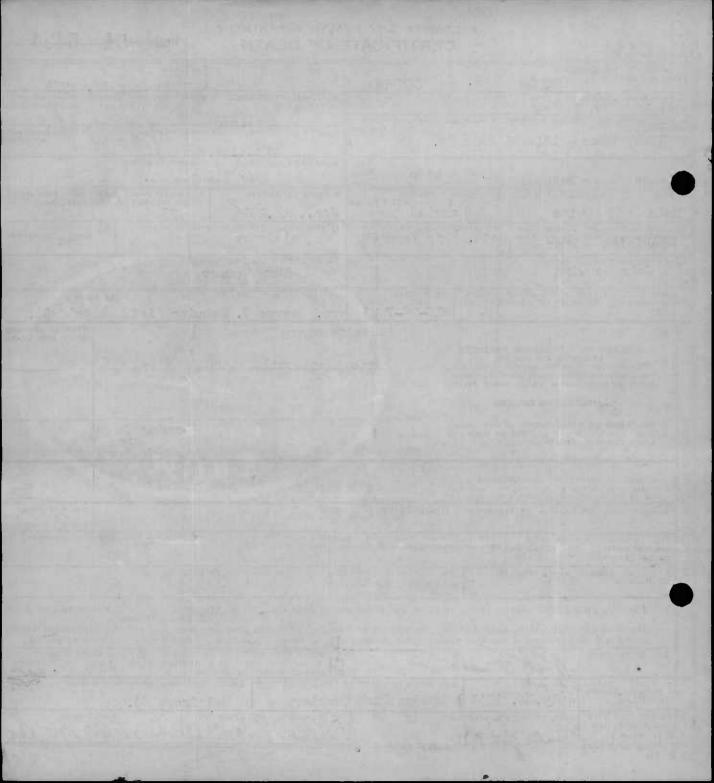
166



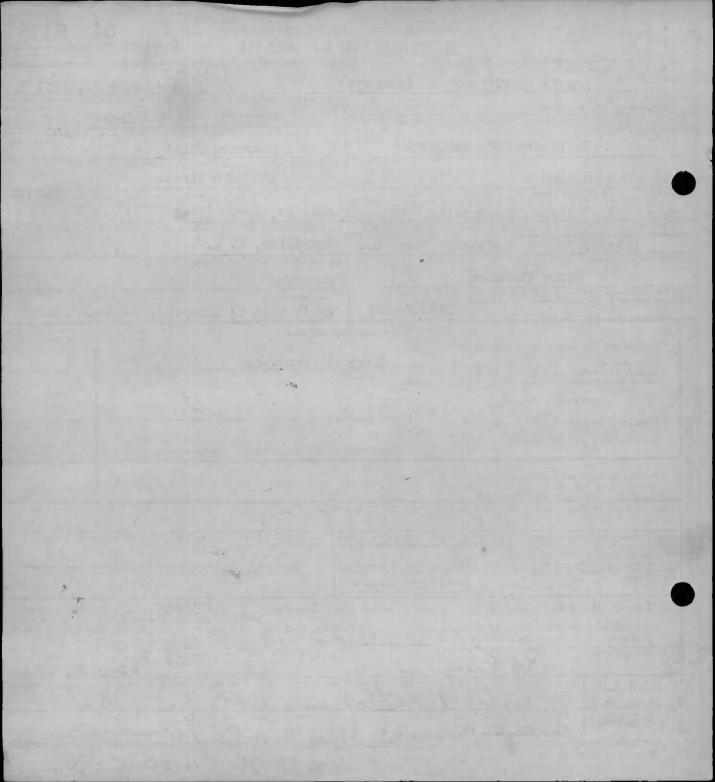
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6454

- 23	RIH NO.									
	NAME OF DECEA	GEORGE	G.	SCHWINN				2. DATE OF DEATH Ju	lv 21	1051
	PLACE OF DEATH Baltimore City,					. USUAL RESIDE	NCE (W		i. If instit	tution: residence befor admission
	FULL NAME OF		tal or institut	tion, give street address	or	Man	ryland			11
H	OSPITAL OR			location		CITY OR TOWN	(If o		nnits vr	LA mal and give
I II	ISTITUTION Home	-1842 W	ilhelm	St.		D-7				township
-				V-	_  -		timor		,	
	Length of stay i	n Roltimoro		Life Mc	s.	STREET ADDRE		helm St.	,	
		DLOR OR RACE	1 7. SINGL	E. MARRIED.		DATE OF BIRTH		9. AGE (In years	If Under	1 Year   It Under 24 Hours
		hite	MIDÓÃ	ved, DIVORCED (Spec arried	ify) J	an.,5th.19	16			Days Hours Min.
1 C	A. USUAL OCCUPY toons during most of work Machinist H	TION (Give kind of inglife, even if retired)	Beth.	Ship Yardoust		Baltimo	State or for	eign country)	12.	CITIZEN OF WHAT COUNTRY
1.	John Sch	winn			14	Mary	Cooper			
15	. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16. SOCIAL	17	. INFORMANT			ADDR	ESS
(xe	No or unknown) (If	yes, give war or date	ss of service)	218-09-7083		s. George	G. Sel	winn 184		
	(This does not heart failure, as	R CONDITION DING TO DEA mean the mode thenia, etc. It me	TH of dying, e. ans the disca	g., (A)Art		DEATH DESCLETOTIC	heart	disease		INTERVAL BETWEEI ONSET AND DEATI
		ECEDENT CAU		n.) Due 10						
	7,11	LCLDLINI OAO	010	(B)						
Z	DISEASES OR	CONDITIONS,	F ANY, GIVI	NG (B)			************	******************************	••••••	*************************
NOIF		CONDITION L		HE DUE TO						
A	UNDERLTING	CONDITION L	ASI.	(C)			000000000000000000000000000000000000000	**********************	· · · · · · · · · · · · · · · · · · ·	
U										
L	OTHER CICAL	III COND	ITIONS OF	.,						
RTIFICA	TRIBUTING TO	FICANT COND THE DEATH, BUT	NOT RELAT	ED						
[1]	American September 1975 September 19	E OR CONDITION	44.0							
7	19A. DATE OF OF	DATE OF OPERATION 198. MAJOR FINDINGS OF OPER				ON				YES NO
EDICA	21A. EXTERNAL OUNDERLYING DUTING CAUS	OR CONTRIB-	ebout home,	ACE OF INJURY (e. farm, factory, street, office ble	g., in or dg.,etc.)	21c. WHERE D INJURY OCCU		in Baltimore Ci	ty, give	exact location)
Z	21D. TIME (Mont OF INJURY	h) (Day) (Year	) (Hour)	21E. INJURY OCCU WHILE AT NOT WH WORK AT WOI	ILE	21F. HOW DID	INJURY	OCCUR?		
	22. I cartifu th	at I tools about		remains described		re held an	2114	va City	<i>‡1</i> .	tercon and fron
	the evidene	e obtained by	said Aut	opsy, Inspection o	r Ing	uiry, find that	said ded	dspection or Inquiceased died on	iry the de	ay stated above
	and death	in my opinion	resulted	from: natural cav	ses [	accident [],	suicide [	], homicide [	], unde	termined [].
	23a, SIGNATURE	R8	Frok	Per	M.D.	23B. CHIEF ME ASSISTANT ME MEDICAL INVE	EDICAL E	XAMINER	ma 771	y 21, 1951
2	4A. BURIAL, CREM	4- 24B. DATE		24c. NAME of CEME	_			CATION (City, to	own, or co	ounty) (State)
TI	ON. BEMOVAL (Specify	July, 24,	1951	Loudon Parl	c Cer	metery	Bal	timore Md	•	
	ATE RECEIVED BY	REGISTRAR	S SIGNATU	JRE' + +	3	FUNERAL DIR	ECTOR	19 25	1 AD	Ly Staff (loc
=	JUL 23195	1 house	15 // L		7-1	KIN YOU	1000	2010	12000	T NYTHE COPE
V	S 151	-		, music	-					02 DW/



512		BAL	TIMORE CITY HI	EALTH DEPARTMENT	, .	1 6455	
BIRTH NO.		•	CERTIFICAT	E OF DEATH	Registered N	0	
1. NAME OF I (Type or Print)		EVELAND	THOMPSON		2. DATE OF Tally	22, 1951	
3. PLACE OF I		and the same	2110112 15011	4. USUAL RESIDENCE (W			
		tal or institution	on, give street address or location)	Maryland	Baltimo outside corporate limits,	re	
- INSTITUTION	Baltimore	City Ho	_	Sparrows	Point	township	
	stay in Baltimore		Yrs. Mos. Days	p. street address (If r 301 Main		5300	
Male	6.COLOR OR RACE	Marr		July 27, 1899	9. AGE (In years list last birthday) Mon	ths Days Hours Min.	
work done during most	CCUPATION (Give kind of cof working life, even if retired)		of Business or INDUSTRY em Steel Co.	11. BIRTHPLACE (State or for Lumberton, N. C.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S			Shipyond	14. MOTHER'S MAIDEN NA Unknown			
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO. 213-07-0065	17. INFORMANT		DRESS	
18. 2 2	1 × .	)		Annie (Arnet) Th	lompson, 301 i	INTERVAL BETWEEN	
heart fail injury or DISEASE	LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which  ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e.g., ans the disease caused death.  SES  F ANY, GIVING STATING THE	) DUE TO	ral hemorrhage			
TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
T-1			FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A. EXTER UNDERLYIN	NAL CAUSE WAS IG   OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in m, factory, street, office bldg., e		in Baltimore City, giv	ve exact location)	
21D. TIME OF INJURY	(Month) (Day) (Year)	WE	TE. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?		
22. I certi	fy that I took char		cmains described a		Autopsy	thereon and from	
the ev	idence obtained by	said Auton	sy. Inspection or I	Autopsy, In quiry, find that said decomposition $\square$ , suicide [	nspection or Inquiry	day stated above	
23a. SIGNA	23a. SIGNATURE    23b. CHIEF MEDICAL EXAMINER X   23c. DATE SIGNED   ASSISTANT MEDICAL EXAMINER   July 23. 1951						
TION, REMOVAL (S		6/5/8	arbutus	Mem Pock and	Lutes M	(State)	
- ALL RECEIVE	REGISTRAR'S	SEIGNATUR	hams M.K.	Mes R. A. P.	with of	ADDRESS	
V S 151	e taxes	orte Spine	97030	1129 m.	Paroline	co 83a	

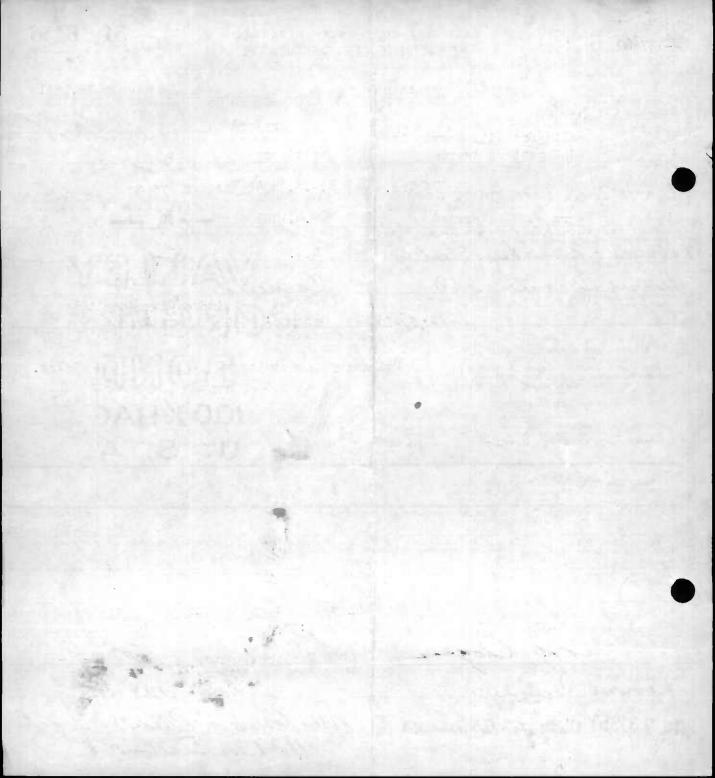


61	3
	3766456

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6456 Registered No.

BIRTH NO.							
1. NAME OF I (Type or Print)		(N)	Trevathan		2. DATE OF T	1- 20 105	2
3. PLACE OF I	DEATH:	nas (II)	revathan	4. USUAL RESIDENCE ()	Where deceased lived, I	ly 22,195	
B. FULL NAME	City, Maryland	tal ou instituti	on, give street address or	A. STATE	B. COUNTY	hefore ad	mission)
HOSPITAL OR	Baltimore	e City H	ospitals location	Maryland c. CITY OR TOWN (In	f outside corporate lim		
3	4940 East	tern Ave	nue	Baltimore	1	to	ownship)
			Yrs.	O. STREET ADDRESS (If	rural, give location)		-
ength of	stay in Baltimore		25 Yrs. Days	B.C.H. 4940 Eas	tann Arrania		
5. SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Und	der 24 Houra
Male	Norma		ED, DIVORCED (Specify)	M-= 4 1001	last birthday) M	onths Days Hou	rs Min.
	Negro CCUPATION (Givekinded	Marr		Mar.4,1901	50		
work doos during most	tof working life, even if retired)	IOB. KIND	INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN C	
Labour	1 - Bethles	Lens S	tiel Co	N.C.			
13. FATHER'S	NAME	0	Shippand	14. MOTHER'S MAIDEN N	AME		
Henry	& Treval	han	(D)	Cornelia	, , (D	)	/
(Yes, oo or unkoown	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Ho	DDRESS .	7
no			213.076-47.7	Records: 4940			
18.	t ~ Y		CALISE	OF DEATH	SERTING I CAMER	INTERVAL B	BETWEEN
	SE OR CONDITION	DIRECTIV		J. DEMIII		ONSET AND	DEATH
	LEADING TO DEATH						
heart fail	es not mean the mode oure, asthenia, etc. It mea	of dying, e.g.	(A)±	ary tuberculosis		2 Yr	S
injury or	complication which	caused death.	) OUE TO				
	ANTECEDENT CAUS	SES		704			
Z	(B)						
DISEASE	S OR CONDITIONS, I	STATING TH	G				
UNDERL	YING CONDITION LA	AST.		1000			
DISEASE RISE TO UNDERL			(C)	9- 3- 3- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4-	******************************		
F	II II						
OTHER S	SIGNIFICANT CONDI	NOT RELATE	·				
O TO THE E	DISEASE OR CONDITION	CAUSING IT					
100	OF OPERATION 1	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTO	PSY7
4						YES	NO DO
21A. ACCII LYING O CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., i erm, factory, street, office bldg.,	o or 21c. WHERE DID (Injury occur?	If in Baltimore City,	give exact locati	on)
21D. TIME	(Month) (Day) (Year)	(Hour)   2	IE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
F INJURY		w	HILE AT NOT WHILE				
		m.	WORK AT WORK				
22. I herel	by certify that I att			-27 , 1950, to_			
deceased a	live on 7-22	_, 1951 0	and that death occur	rred at 5:50 m., from t	he causes and on t	he date stated	l above.
23A. SIGNA	TURE	/		23B. ADDRESS		23c. DATE S	
	U.N.	log	м. о.	4940 Eastern Aven	ue	7-22-51	
24A. BURIAL.	CREMA- 24B. DATE	9 2	4c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City nown	or county)	(State)
DATE RECEIVE	was July	23/51		1/4	cky nut.	11	
LOCAL REGIST	TRAR REGISTRAR	SAGNATUI	K E.	25. FUNERAL DIRECTOR	000.	ADDRESS	11
1111 7 31	951/1-	= Will:	MALE STATE	Mus pracit a	4. Ellenel	2 Dund	eter
VS 150	The same of the sa		10.00	1/2/12	0 0.	5-20	
		- France	2018/19/19/19	11297	( 11 steen	0	13

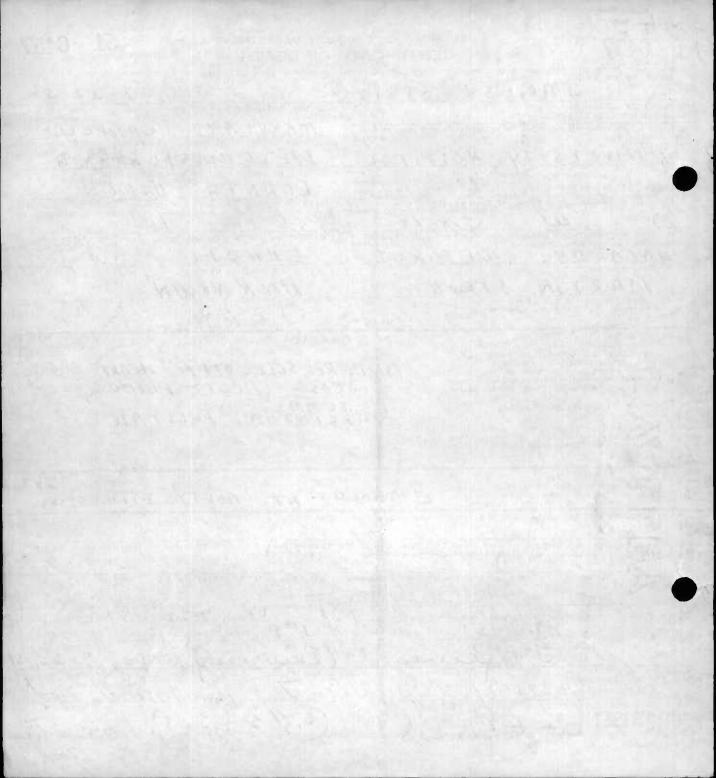


B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  PROSPITAL  CONTROL TOWN If cuitade corporate limits, write RURAL and altownship INSTITUTION  PROSPITAL  CONTROL TOWN If cuitade corporate limits, write RURAL and altownship INSTITUTION  SECURITY HOSPITAL  CONTROL TOWN If cuitade corporate limits, write RURAL and altownship INSTITUTION  SECURITY HOSPITAL  S. STREET ADDRESS (If rural, give location)  SECURITY OF DAYS  B. DATE OF BIRTH  9. AGE IN YOUR Blader I limits, write RURAL and altownship Investigate Control of Stay in Baltimore  10. STREET ADDRESS (If rural, give location)  S. SEX  6. COLOR OR RAGE  7. SINGLE, MARRIED.  10. STREET ADDRESS (If rural, give location)  S. STREET ADDRESS (If rural, give location)  10. STREET ADDRESS (If rural, give location)  10. STREET ADDRESS (If rural, give location)  10. STREET ADDRESS (If rural, give location)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WARAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  III. BIRTHPLACE (State or fo		211		
BIETH NO.  1. I NAME OF DECEASED (Type of Print)  3. PLACE OF DEATH  3. PLACE OF DEATH  3. PLACE OF DEATH  3. PLACE OF DEATH  4. USUAL RESIDENCE (Where decended lived. It insultations: residence City, Maryland  5. PULL NAME OF (If not in hospital or institution, give street address of NASYLA ROSE (If years)  6. FULL NAME OF (If not in hospital or institution, give street address of NASYLA ROSE (If years)  6. FULL NAME OF (If not in hospital or institution, give street address of NASYLA ROSE (If years)  6. FULL NAME OF (If not in hospital or institution, give street address of NASYLA ROSE (If years)  7. SEEX  6. COLOR OR RACE  7. SINGLE MARRIED  10. STREET ADDRESS (If years)  10. SINGLE MARRIED  10. STREET ADDRESS (If years)  10. SINGLE MARRIED  10. STREET ADDRESS (If years)  10. SINGLE MARRIED  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT, COUNTRY  13. PATHER'S NAME  14. MOTHER'S MADIEN NAME  15. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  16. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  17. INFORMANT  18. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  18. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  19. DATE OF OPERATION (GRADE)  10. SECURITY NO.  10. SECURITY NO.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT, COUNTRY  13. MATHER'S MADIEN NAME  14. MOTHER'S MADIEN NAME  15. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  16. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  17. INFORMANT  18. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  18. WAS DECEASED BY IN U. S. ARMED FORCESS (IF years)  19. DATE or OPERATION (GRADE)  19. WAS COUNTRY OF THE CASH AND PACKY (PACKY)  19. DATE or OPERATION (GRADE)  19. WAS COUNTRY OF THE CASH AND PACKY (PACKY)  20. DATE SIGNIFICANT CONDITIONS CON-  21. ARMEDIAN OF THE CASH AND PACKY (PACKY)  21. ARMED FORCESS (IF years)  22. AND PACKY (GRADE)  23. ARMED FORCESS (GRADE)  24. BURLEY AND PACKY (GRADE)  25. DATE OF THE WAS COUNTRY OF THE CASH AND PACKY (GRADE)  26. DATE OF THE WAS COUNTRY OF THE CASH AND PACKY (GR	-	365		
BIRTH NO.  CERTIFICATE OF DEATH  I. NAME OF DECEASED  (Type or Frint)  J PLACE OF DEATH  J PLACE OF DE	1		1	1 6457
TOP OF Print)  3. PLACE OF CEATH  3. PLACE OF CEATH  3. PLACE OF CEATH  3. PLACE OF CEATH  4. USUAL RESIDENCE (Where deceased lived)  4. USUAL RESIDENCE (Where deceased lived)  4. USUAL RESIDENCE (Where deceased lived)  5. SEA  6. COLORY OR RACE  7. SINGLE. MARRIED  10. STREET ADDESS (If rural, give location)  10. STREET ADDESS (If rural, give location)  10. STREET ADDESS (If rural, give location)  10. ADDESS  11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  13. FATHERS NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES!  16. WAS DECEASED EVER IN U.S. ARMED FORCES!  17. X  18. WAS DECEASED OVER IN U.S. ARMED FORCES!  19. ADDESS  10. ADDESS  10. ADDESS  10. ADDESS  11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES!  16. ADDESS  17. X  CAUSE OF DEATH  19. ADDESS  10. ADDESS  10. ADDESS  10. ADDESS  11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES!  16. ADDESS  17. X  CAUSE OF DEATH  19. ADDESS  10. ADDES	В	CERTIFICAT	TE OF DEATH Registered No	
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If not in hospital or institution, give street address or location)  F. FULL NAME OF (If		Tune on Duint)		
A. Baltimore City, Maryland  D. PULL NAME OF (If not in hospital or institution, give street address of hospital or institution, give street address of hospital or institution, give street address of hospital or institution.  D. PULL NAME OF (If not in hospital or institution, give street address of hospital or institution)  D. PULL NAME OF (If not in hospital or institution, give street address of hospital or institution)  D. PULL NAME OF (If not in hospital or institution, give location)  D. PULL NAME OF BIRTH  D. STREET ADDRESS (If rural, give location)  D. STREET ADDRESS (If rural, give location		JAMES SIKIN	Dentil	
B. FULL NAME OF INSTITUTION OF INSTITUTION IN THE EURAL and all Location INSTITUTION IN THE EURAL and all Location INSTITUTION IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location INSTITUTION OF A COLUMN IN THE EURAL and all Location In The European Institution In The European Institution In The European Institution In The European Institution Institution In Institution Institution In Institution Institution In Institution In Institution I	A	Baltimore City, Maryland	A. STATE B. COUNTY	
New State   April	B			80 LL
Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED Days  9. DATE OF BIRTH  19. AGE (In your, Including Number 2)  100. USUAL OCCUPATION (Givekinder)  101. USUAL OCCUPATION (Givekinder)  102. NSUAL OCCUPATION (Givekinder)  103. KIND OF BUSINESS OR  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  13. FATHER S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (16. SOCIAL (17. INFORMANT  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, astenia, etc. it means the disease, injury or complication which caused death)  DISEASE OR CONDITIONS DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astenia, etc. it means the disease, injury or complication which caused death)  DISEASE OR CONDITIONS, IF ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITIONS CON-  THIBUTING TO THE OSCAPH, BUT NOT RELATED  TO THE OISEASE OR CONDITION CAUSING IT.  (C)  21. ACCIDENT WAS UNDER.  LYING OR CANTRIBUTING:  Show home, furn, instory, instended, etc.)  AND COUNTRY WAS UNDER.  21. ACCIDENT WAS UNDER.  21. AND SOCIAL REMAINS OF COMPATION  22. AUTOMOTIVE COURT?  AND WHILE AT MATCHER COURSE (A) STATING THE WHILE AT MATCHER COURSE (A) STATING TO MATCHER	17	NSTITUTION	C. CITT OR TOWN (II outside corporate limits,	
Ength of stay in Baltimore  3. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  WIDOWED DIVONCE (eposity)  8. DATE OF BIRTH  9. AGE (in year)  10. MOTHER SIGNIFICATION (Einstand)  10. KIND OF BUSINESS OR WITHOUT (COLONTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FOREIST (Ves. no or unabowo)  (16. year was war or dece of service)  16. SOCIAL  (17. INFORMANT  CAUSE OF DEATH  (This does Leading to the land, i.e., it means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY GIVING  RISE TO THE AROVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. ADATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. ADATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. ADATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  19. ACCIDENT WAS UNDER.  21. AND PROSECULAR OF THE CAUSE OF STATING THE  AND PROSECULAR OF THE COLON OF THE CAUSE OF THE C				
5. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  10. USUAL OCCUPATION (Givehald of Monther)  10. USUAL OCCUPATION (Givehald of Monther)  10. USUAL OCCUPATION (Givehald of Monther)  10. WAS DECASED EVER IN U. S. ARMED FOREST  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECASED EVER IN U. S. ARMED FOREST  16. WAS DECASED EVER IN U. S. ARMED FOREST  17. INFORMANT  18. WAS DECASED EVER IN U. S. ARMED FOREST  18. WAS DECASED EVER IN U. S. ARMED FOREST  19. WAS DECASED EVER IN U. S. ARMED FOREST  10. WAS DECASED EVER IN U. S. ARMED FOREST  10. SCILITY NO.  11. DIFFERENCE OF CONSTITUTION DIRECTLY  ADDRESS  12. CAUSE OF DEATH  13. APPLY  14. MOTHER'S MAIDEN NAME  15. WAS DECASED EVER IN U. S. ARMED FOREST  16. WAS DECASED EVER IN U. S. ARMED FOREST  17. INFORMANT  ADDRESS  18. WAS DECASED EVER IN U. S. ARMED FOREST  19. WAS DECASED EVER IN U. S. ARMED FOREST  19. WAS DECASED EVER IN U. S. ARMED FOREST  10. SCILITY NO.  10. APPLY FILE OF CRAIM OF CONSTITUTION DIRECTLY  ADDRESS  17. INFORMANT  18. WAS DECASED EVER IN U. S. ARMED FOREST  19. WAS DECASED EVER IN U. S. ARMED FOREST  10. SCILITY NO.  10. APPLY FILE OF CRAIM OF CONSTITUTION DIRECTLY  ADDRESS  10. APPLY FILE OF CRAIM OF CONSTITUTION DIRECTLY  10. APPLY FILE OF CRAIM OF CONSTITUTION CONSTI		Length of stay in Politimans		5641
10. USUAL OCCUPATION (Givekinded North Report of Control of Contro	5	. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		der   Year   If Under 24 Hours
INDUSTRY   COUNTRY   COU		(1) W 5/N9/e	last bigthday Mont	hs Days Hours Min.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES! (16. SOCIAL SECURITY NO. SECURIT	10 wor		11. BIRTHPLACE (State or foreign country)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL (Yes, no or enabone) (17 ms, give we or date of service) 2 SECURITY NO.  3 SECURITY NO.  2 SECURITY NO.  3 SECURITY NO.  2 SECURITY NO.  3 SECURITY NO.  4 SECURITY NO.  5 SECURITY NO.  6 SECURITY N		UNKNOWN RETIRED	EUROPE	WHAT COUNTRY
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or eaknown)  (If yes, diversor or dates of service)  18. WAS DECEASED FOR IN U. S. ARMED FORCES? (Yes, no or eaknown)  (If yes, diversor or dates of service)  18. WAS DECEASED FOR CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  ONE T AND DEATH  ONE T AN	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10-41
SECURITY NO.  18. 470,00 177 X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asternia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OE	-		LNKNOWN.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASES OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION COURTS TO THE OS	(Ye		17. INFORMANT ADE	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASES OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION CAUSING IT.  OTHER OSEASE OR CONDITION CONTRIBUTION TO THE OSEASE OR CONDITION COURTS TO THE OS	_	219-12-157	o Jumes Itres	
LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO DISEASE OR CONDITIONS, ON TRIBUTING TO THE OBTAIN, BUT NOT RELATED TO THE OSEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OSEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHI		710.0 DISE	OF DEATH	
Injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OFFINAL PROPERTION  199. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.)  21b. Time (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21c. WHERE DID (If in Baltimore City, give exact location)  199. To THE OFFINAL PROPERTIES AND WHILE AT MOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from Town of the causes and on the date stated above.  23a. SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY 240. WATTON (CUITOW) OF SAME OF			EDIO CELEDATE NEAD	21.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE OSEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldgetc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldgetc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from Town, from the causes and on the date stated above.  23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE  24C. NAME-OF CREMATORY 24D. DECEMBER 124C. NAME-OF CREMATORY 24D. DECEMBER 125C.  25C. AUTOPSY?  YES NO  27D. AUTOPSY?  YES NO  21D. THOU DID INJURY OCCUR?  19 10 7 7 2 7 19 1 that I last saw the deceased alive gn 1 2 1 2 1 and that death occurred at 1 2 m., from the causes and on the date stated above.  23B. ADDRESS  24A. BURIAL, CREMA- 24B. DATE  24C. NAME-OF CREMATORY 24D. DECEMBER 12AC. DECEMBER 12AC. DECEMBER 12AC. DECEMBER 12AC. DECEMBER 12AC. DECEMBER 12AC. DECEMBER 12AC		heart failure, asthonia, etc. It means the disease,	ERACE (DOLLER O) TE HEAR)	2 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OEATH, BUT NOT RELATED TO THE OFFICE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or CAUSING OR CONTRIBUTING 20. AUTOPSY?  VES NO  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK 22B. AUTOPSY?  WHILE AT NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?  22A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. INCLUDED 15 TOWN OF COUNTS!				rey
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OEATH, BUT NOT RELATED TO THE OFFICE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or CAUSING OR CONTRIBUTING 20. AUTOPSY?  VES NO  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK 22B. AUTOPSY?  WHILE AT NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?  22A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. INCLUDED 15 TOWN OF COUNTS!	z	ANTECEDENT CAUSES	RCINOMA PROSTATE	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK 19P. TO THE OEATH, Sive exact location)  22. I hereby certify that I attended the deceased from 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased alive gn 19 to 7-22, 19 that I last saw the deceased gn 19 to 7-22 that SIGNED 19 to 7	0	DISEASES ON CONDITIONS, IF ANY, GIVING		•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OEATH OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 199 to 7-22, 199 that I last saw the deceased alive gn 199 to 7-22, 199 that I last saw the deceased alive gn 199 to 7-22, 199 that I last saw the deceased alive gn 199 to 7-22, 199 that I last saw the deceased alive gn 199 to 7-23 SIGNATURE  23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED M. D. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA-24B. DATE 34C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMA	1	UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22I. Hereby certify that I attended the deceased from 7-1 19 10 7-22 19 14 that I last saw the deceased alive gn 3-2 19 14 and that death occurred at 19 m., from the causes and on the date stated above.  23A. SIGNATURE 22A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. DOCATION (Cit town or county).	FIC	(0)		
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 1-1 19 to 7-12 , 19 that I last saw the deceased alive gn 2 and that death occurred at 1 9 to 7-12 , 19 that I last saw the deceased alive gn 2 and that death occurred at 1 9 to 7-12 , 19 that I last saw the deceased alive gn 23A. SIGNATURE 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE  124C. NAME OF CEMETERY OR CREMATORY 240. DCATION (Cit town or county). (States)	RTI	OTHER SIGNIFICANT CONDITIONS CON-		2x hr
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  YES   NO    21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg., etc.)   INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  22I. hereby certify that I attended the deceased from   19 , to   7-22 , 19 , that I last saw the deceased alive gn   23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGNED   23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGNED   23A. BURIAL, CREMA-  24B. DATE   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMATORY   240. DCATION (Cit town or county)   (State of the county)   24C. NAME OF CEMETERY OF CREMA		TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	LUS AT MORTIC BIFUI	CATION
216. WHERE DID (If in Baltimore City, give exact location)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  216. TIME (Month) (Day) (Year) (Hour)  217. HOW DID INJURY OCCUR?  218. PLACE OF DEATH  219. HOW DID INJURY OCCUR?  219. HOW DID INJURY OCCUR?  220. I hereby certify that I attended the deceased from AT WORK  221. I hereby certify that I attended the deceased from AT WORK  222. I hereby certify that I attended the deceased from AT WORK  223. SIGNATURE  233. SIGNATURE  234. BURIAL, CREMA- 248. DATE  244. BURIAL, CREMA- 248. DATE  245. NAME-OF CEMETERY OF CREMATORY 240. DOCATION (City town or county) (State)	1			
216. WHERE DID (If in Baltimore City, give exact location)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  216. TIME (Month) (Day) (Year) (Hour)  217. HOW DID INJURY OCCUR?  218. PLACE OF DEATH  219. HOW DID INJURY OCCUR?  219. HOW DID INJURY OCCUR?  220. I hereby certify that I attended the deceased from AT WORK  221. I hereby certify that I attended the deceased from AT WORK  222. I hereby certify that I attended the deceased from AT WORK  223. SIGNATURE  233. SIGNATURE  234. BURIAL, CREMA- 248. DATE  244. BURIAL, CREMA- 248. DATE  245. NAME-OF CEMETERY OF CREMATORY 240. DOCATION (City town or county) (State)	CA	NONE.		
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 7-1 19 to 7-22 , 195 that I last saw the deceased alive an 19 to 7-22 , 195 that I last saw the deceased alive an 19 to 7-23 solution of the date stated above 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 240 1 DOLLOW (Cit. town or county) (States)	D	LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg.		exact location)
22. I hereby certify that I attended the deceased from 7-1 19 to 7-22, 195 that I last saw the deceased alive an 192, 195 and that death occurred at 199 m., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OF CREMATORY 240. 1964 ION (City town or county).				
22. I hereby certify that I attended the deceased from 7-1 19 to 7-22, 195 that I last saw the deceased alive gn 7-2, 195 and that death occurred at 1 Pm., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL, CREMA-1, 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 240. 1964 TON (City town or county). (Signature)		OF INJURY		
deceased alive gn 22, 19 and that death occurred at 29m., from the causes and on the date stated above.  23a. SIGNATURE 23c. DATE SIGNED  23c. DATE SIGNED  24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. 1 CATION (Cit town or county).		m.   WORK AT WORK		
23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL, CREMA- 24B. DATE  24C. NAME-OF CEMETERY OF CREMATORY 24O. 1 OCATION (Cit town or county). (State)		described alive with that I attended the deceased from		hat I last saw the
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. 1 CATION (Cit town or county) (State				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240 LOCATION (City town or county) (State)		J. J. (Kewes	(luverset Hosa)	An an an a
Burnal July 265/ A Johns Cemeley Just must mist	24 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or	
		Burnal July 265/ St Johns	Cemeler westmans	to med.

VS 150

write the causes of death clearly and legibly.

51 B md.



4	20
51	6458

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	51	6458
legistered	No.	OTO

BI	RTH NO.	- OI DEXIII
1. (T	NAME OF DECEASED  WARGARCT POLLAR  WARGARCT	2. DATE OF DEATH 07-22-51
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	MD
	DISPITAL OR BON SECOURS HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	Yrs.	D. STREET ADDRESS (A rural, give location)
	Length of stay in Baltimore Mos. Days	618 STAM FORD RD
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   I Under 1 Year   II Under 24 Hours
1	Female W. WIDOWED, DIVORCED (Specify) MARRIED	10-4-16 last birthday) Months Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR REST OF THE REST OF	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	House Wife	BALTIMORE, Md
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Timo Thy J. Hughes	MARY A. MULRY
	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(10	s, co or coloowo) (If yes, give war or dates of service) SECURITY NO.	My Bernard & Pohlbam same
	18. 4 7 7 V . CAUSE (	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	
	(This does not mean the mode of dying, e.g., (A)	hock
	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.) DUE TO	
_	ANTECEDENT CAUSES Inta	- abdominal temorable
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	<b>4</b>
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	post-partum
CA	La contraction of the contractio	P 1) +-
H	(c)	ture of Oterus over
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	
AL	7 00	VES NO
O	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in	
1EDIC	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
	F INJURY  MHILE AT NOT WHILE  TO. WHILE AT NOT WHILE  AT WORK	
	22. I hereby certify that I affended the deceased from	1 22 1, 1951, to July 22 1, 1951, that I last saw the
	deceased alive on Vily 224, 195/, and that death occur	red at 11 thm m., from the causes and on the date stated above.
		3B. ADDRESS   23c. DATE SIGNED
	Luan (Mendoje, M.D.)	2025 W. FEYElte: 1-82-51
	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	
1	Javal 1-76-51 /(811) (a)	meana & also tha
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 6 30 3 THAT FOR ADDRESS
=	111 7 3 195 1 m to for 1 1 Milania Maria	1770071-0
	VS 750	1146

See Document F:1: 51-6458 8/8/51 ES

Birth 51-17156 - 7/22/51

16	DAL TIMOPE CITY H	EALTH DEPARTMENT	15.4	CAEG
5		E OF DEATH	Registered No.	6459
1.	NAME OF DECEASED graeff, Raymon	d	2. DATE 7. 22.	1957.
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (W		titution: residence before (dmission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR TYANKEN JQUEUE HOSPITALISM)		outside corporate linite,	rite RURAL and give
	Yrs. Mos. Days		rural, give location)  n more A	re_
5.	malf white. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	6. 24. 1889	9. AGE (In years Hunday) Month	er 1 Year If Under 24 Hours Es Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during most of porking life, even if retired)  City Sp. City Sp	11. BIRTHPLACE (State or for	reign country 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Ben graeff.	Hetzer	ME Josephen	
15 (Ye	. WAS DECEASED EVER IN U. S. ASMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANTA MARCE	Grael	RESS Jame,
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH  frendensis e  hyseardige  gebral Ter	infares,	INTERVAL BETWEEN ONSET AND DEATH
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	ilmonay o		
AL O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE NOT WHILE AT WORK NOT WHILE AT WORK			
	Drie Mars	rred at 5. 45 m., from th	re causes and on the	that I last saw th date stated above 23c. DATE SIGNED
D	M. O. DURIAL, CREMA-24B. DATE 24G. NAME OF CEMETE 24G. NAME OF CEM	ERY OR CREMATORY 240. LO	Sals	county) (State)
-	vs 150 210 4	93	1 7 7	1937

riy and legibly.

#### CLAST CONTROL OF CONTROLS

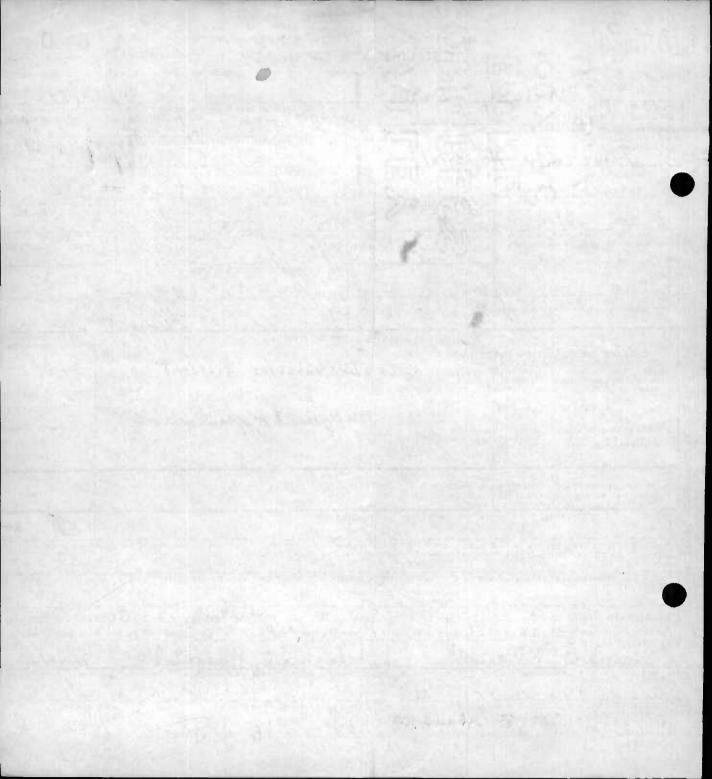
	Production of the production o
	The statement of the st
the state of the s	
	Additional time to the second state of the sec
	The state of the s

51 6460

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6460 Registered No.

BIRTH NO.					
1. NAME OF DECEAS (Type or Print)	Wright,	James	F.	2. DATE OF DEATH	2/22/01
3. PLACE OF DEATH:		24 11152	4. USUAL RESIDENCE	(Where deceased live	d. If institution: residence
B. FULL NAME OF	If not in hospital or institut		11	ary land	before admission)
HOSPITAL OR		location	C. CITY OR TOWN	(If outside corporate	inite write RORA and give
Drive	raity Hosp	Yrs.	D. STREET ADDRESS	(If rural, give location	101
ength of stay in	Baltimore	Mos. Days	northwa	od Opl	# 208
5. SEX 6. COL	OR OR RACE 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months: Days Hours: Min.
M I I I I I I I I I I I I I I I I I I I	W	M.	Dec. 1-190;	6 48	MIII.
19A, USUAL OCCUPAT work one during most of working	lon (Give kind of los, KIND life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	mey 1 108	0-1	14. MOTHER'S MAIDEN	NAME.	
Fred	Wright		marin	1 La be	
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?  o. give war or dates of service)	16. SOCIAL	17. INFORMANT	yansein	ADDRESS
(11 Jon	s, give war or dates of service)	SECURITY NO.	Mis. Elin	.a. Iris	ht same
18. 331×		CAUSE	OF DEATH		INTERVAL BETWEEN
LEADI	CONDITION DIRECTLY		1	1 1 +	Dee 0
heart failure, asthe	an the mode of dying, e. g nia, etc. It means the disease ation which caused death.	2,	ro vascular /	(ceiden)	34 his
ANTEC	EDENT CAUSES		4.	4.	
7	ONDITIONS, IF ANY, GIVIN	(B)	elignant 1- 7/4	estusion	
RISE TO THE ABOUNDERLYING CO	VE CAUSE (A) STATING TH	E DUE TO	, ,,		
0		(C)	*		
	II CANT CONDITIONS CON			hinder som	
III TRIBUTING TO THE	DEATH, BUT NOT RELATE	D			
, 19A. DATE OF OPER		FINDINGS OF OPER	RATION		20. OPSY?
O O	1 01- 51-				Y No
21a. ACCIDENT W. LYING OR CONT CAUSE OF DEATH	AS UNDER. RIBUTING   218, PLA	CE OF INJURY (e. g., i erm, factory, street, office bldg.,		(If in Baltimore Ci	ty, give exact location)
21D. TIME (Month)	(Day) (Year) (Hour)	1E. INJURY OCCURR		JRY OCCUR?	
	m.   W	WORK NOT WHILE			
22. I hereby certi	fy that I attended the		, 13 , 10_	July 22 , 1	51, that I last saw the
deceased alive on	July 22 , 1951 .	and that death occur			n the date stated above.
23A. SIGNATURE	C. F. Treasle	м. р.	B. ADDRESS	Octions	23c. DATE SIGNED
24A. BHEIAL, CNEMA- TION, REMOVAL (Specify)	248, DATE   2		RY/OR CREMATOR 1 240		wn, or county) (State)
	ZAB. DATE	AC. MAINE OF SEPIETE	A	LOCATION (City, to	(State)
1 una	7-16-51	New Ca	tredial.	Dallo	Mel
DATE RECEIVED BY LOCAL REGISTRAR	7-16-51 REGISTRAR'S SIGNATU	New Ca	25. FUNERAL DIRECTO	Dallo	ADDRESS
DATE RECEIVED BY	7-16-51	New Ca	thedeal .	Dallo	Mel



250 51 6461

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6461

BI	RTH NO.					
	NAME OF DECEASED  ype or Print)	4/	72.00	Co	2. DATE OF	6.24
	PLACE OF DEATH: Baltimore City, Maryland		vyson.	4. USUAL RESIDE	DEATH CENCE (Where deceased live	- Alberta
В.	FULL NAME OF (If not in hospit	al or institution	, give street address or	Mel.	B. COONT	before admiksion)
	STITUTION C	11	location)	C. CITY OR TOWN	(If outside corporate	lim'ts, write RURAL and give township)
	Maryland Gen	er XI Die	SPITAL,	D. STREET ADDRE	SS (If rural, give location	1)
	Length of stay in Baltimore	hife.	Mos. Days	1817 6	ood bouRME	Ave.
5.	SEX 6. COLOR OR RACE	7. SINGLE, N	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
	A. USUAL OCCUPATION (Givekindn)	108. KIND 0	F BUSINESS OR	11. ERTHPLACE (S	State or foreign country)	12. CITIZEN OF
wnrk	Main Tena wee	Elev. M	leehanie	MARUI	HAD AA.CO	WHAT COUNTRY?
13	FATHER'S NAME		1C)	14. MOTHER'S MA	IDEN NAME	9.17.
	Yehemiah JA	ekson.		Holdie	Dis reys.	
	WAS DECEASED EVER IN U. S. ARMEI , nn or nnknnwn) (If yes, give war or date	nf service)	6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	18. 12 2		CALIEE	OF DEATH	LUyson	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	21		7	ONSET AND DEATH
	(This does not mean the mode of	of dying, e. g.,	(A) /1/yo	earda /	IN suffice	ng
	heart failure, asthenia, etc. It mes injury or complication which	aused death.)	DUE TO			324400
7	ANTECEDENT CAUS	ES	Gen	eralized 1	Arterio selen	rei
TION	DISEASES OR CONDITIONS, I		DUE TO			<i>7.3</i> ( <i>7</i> )
	UNDERLYING CONDITION L					Market State
TIFICA	П		(C)			
ER	OTHER SIGNIFICANT COND	NOT RELATED	Diab.	etes Me	Wites	
U	19A. DATE OF OPERATION 1		INDINGS OF OPER			20. AUTOPSY?
CAL	ACCIDENT CHICIDS	1 21- 81 461		Loss where p	ID Win Division G	YES NO
EDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)		E OF INJURY (e. g., in a, factory, atreet, office bldg., e			ty, give exact location)
Σ	2 iD. TIME (Month) (Day) (Year)	(Hour) 211	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			ORK NOT WHILE			
	22. I hereby certify that I att					9.17, that I last saw the
	deceased alive on dy 20	, 19 37. an		3B. ADDRESS	, from the causes and o	n the date stated above.  23c. DATE SIGNED
	Trank	D. Ho		naryland (	Several Hospit	fall 7-21-51
TIC	A. BURIAL, CREMA- IN, REMOVAL (Specify) Buria		C. NAME OF CEMETE	4	240. LOCATION (City, to	own, or county) (State)
DA	TE RECEIVED BY   REGISTRAR	S SIGNATURE	//eadow	25. FUNERAL DIF	ECTOR LECTOR	/ADDRESS
LC	IIII 2 21951	to Milia	and his	L. J. Russ	14 5305	Warland Id
	VS 150			15		/ 1
		· , N	559	24		61

51 NO. 6462

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6452

B	IRTH NO.				
(:	NAME OF DECEASED Type or Print)  MARTIN  FELICE	2. DATE OF July 22, 1951			
3 A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission			
	FULL NAME OF for in hospital or institution, give street address or	Pennsylvania			
H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
1 "	South Baltimore General Hospital	Philadelphia township			
-	Yrs.				
	Mos.	D. STREET ADDRESS (If rural, give location)			
	Length of stay in Baltimore Days	2115 Watkins Street			
	6.COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) White	8. DATE OF BIRTH  9. AGE (in years last birthday) Months: Days Hours: Min			
10	A. USUAL OCCUPATION (Give kind of) TOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
Not.	k done during most of working life, even if retired) INDUSTRY	PULL D DA WHAT COUNTRY			
1	- much sion	171-14-141-			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	RANK D. FFLICE	JULIA CACCHIO			
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANTO ADDRESS			
H	(If yes, give war or dates of service) ? SECURITY NO.	Julia Cacchia			
	18. 4 VO. 1 . CAUSE	OF OFATH 2840 A.P.C.M. SINTERVAL BETWEE			
	7 20 .	OF DEATH 2349 A COM STERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The state of the s			
	(This does not mean the mode of dying, e.g., (A) UOFO	nary artery sclerosis			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
7	DISEASES OF CONDITIONS (-				
Q	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
F	UNDERLYING CONDITION LAST.				
U					
RTIFICATION	OTHER SIGNIFICANT CONDITIONS				
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
LLI	TO THE DISEASE OR CONDITION CAUSING IT.				
LC	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?			
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.				
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?			
	OF INJURY WHILE AT NOT WHILE				
	m.   WORK L. AT WORK L.				
	2. I certify that I took charge of the remains described a	bove, held an Autopsy thereon and from			
	the evidence obtained by said Autoney Inspection or Is	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above			
	and death in my opinion resulted from: natural causes	A, accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .			
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED			
	1282	d. ASSISTANT MEDICAL EXAMINER July 23, 1951			
	A. BURIAL, CREMA- 248, DATE 124C, NAME OF CEMETER				
110	Dwal (Specify) July 27-195/ Holy Cr	oss Philast Va -			
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
LC	III 2 21051	Ellsworth Comacost 14a			
V	S 151	= 10 D h Dug			
		FIIS MILLIAM NO PULLED			

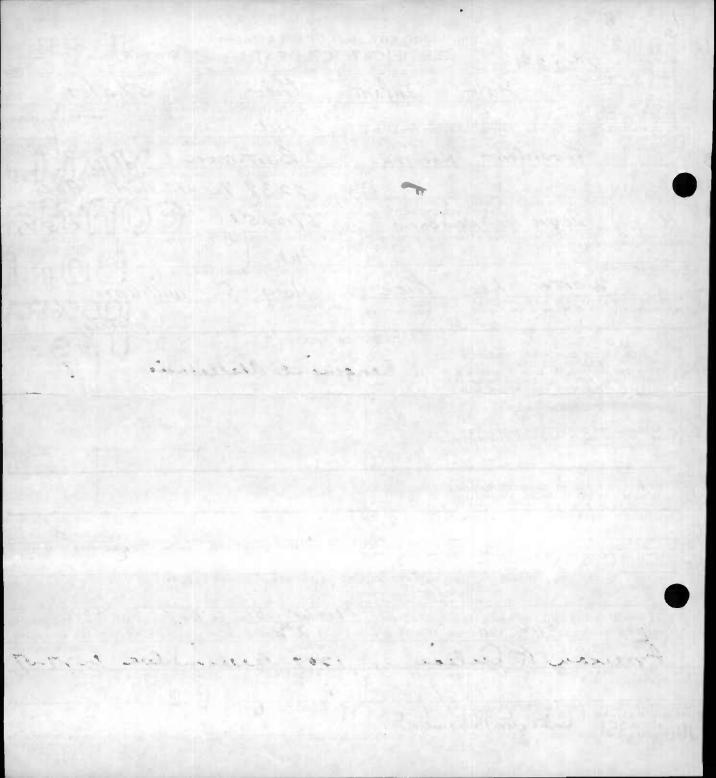
Shipping Permis

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Hale OF LOLANT rict DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION township) ITIMOIC Yrs. D. STREET ADDRESS (If rural, give location) Mos. NorTh ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years If Under 1 Year last birthday) Months; Days Hours; Min. New born 5-17 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO. tother 18 INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH general abelestasi (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from. , 1912, that I last saw the deceased alive on. 1941\_. and that death occurred at\_ .m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC **ADDRESS** LOCAL REGISTRAR

THE SHAPE WAS IN THE

VS 150

161a

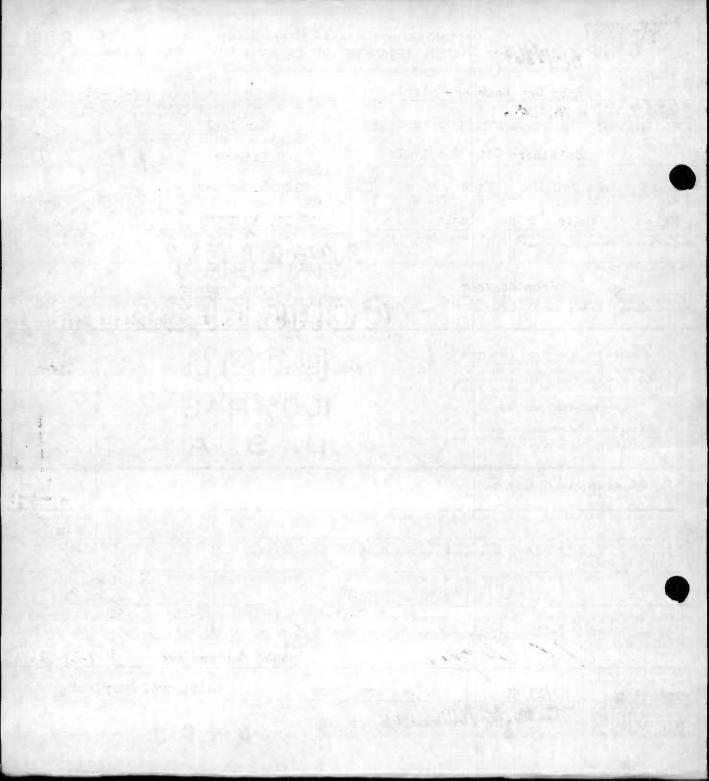


	56M-15	0247	BAI	TIMORE CITY HE	EALTH DEPARTMEN	T	51 6464
BI	1 64	64 51-1536	4.	CERTIFICATI		Registere	d No.
	NAME OF D Type or Print)	Baby Boy	Heavne	r-Valeria	•	2. DATE OF DEATH 7	-11-51
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or institut	ion, give street address or location)	C. CITY OR TOWN		imits, write RURA and give
2		Baltimore	City	Hospitals	Baltimon		(township)
	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (		
5.	Male	6. COLOR OR RACE	7. SINGLI WIDOW Sin	E. MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH  July 11, 1951	9. AGE (in years last birthday)	Months Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME			Maryland 14. MOTHER'S MAIDEN	NAME	
		John H	leavner		Valeria H		
15 (Ye	. WAS DECEASE	D EVER IN U, S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Carnor	ADDRESS 4940
(	, av or caraova,	( 500) gavo wat or dutor	01 201 1100)	SECURITY NO.	Records* Balto	. City Hospi	tals Eastern Ave
NO	(This does heart failu injury or	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which was a second to the complete which was a second to the compl	H dying, e. 1 ns the diseas aused death	e, (A)Pre	OF DEATH ematurity		INTERVAL BETWEEN ONSET AND DEATH  Life
ERTIFICATION	RISE TO T	HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	(C)			
CERTIF	TRIBUTING	IGNIFICANT CONDS TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
FDICAL		ENT WAS UNDER. R CONTRIBUTING		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e		(If in Baltimore Cit	YES NO Ly, give exact location)
Σ	ID. TIME (	Month) (Day) (Year)		21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from 7-			9.51, that I last saw the
	deceased al		19 51.		3B. ADDRESS	the causes and or	n the date stated above.  23c. DATE SIGNED  7-13-51
	4A. BURIAL, C			M. D.		LOCATION (City, to	
	on, REMOVAL (S remation	7/13/5	1	B.C.H. Crem		Baltimore, 1	Maryland
D	ATE RECEIVED CAL REGIST	RAR LULATA	SAGNAMA	lliams, M.E.	25. FUNERAL DIRECTO	A 17 52	ADDRESS

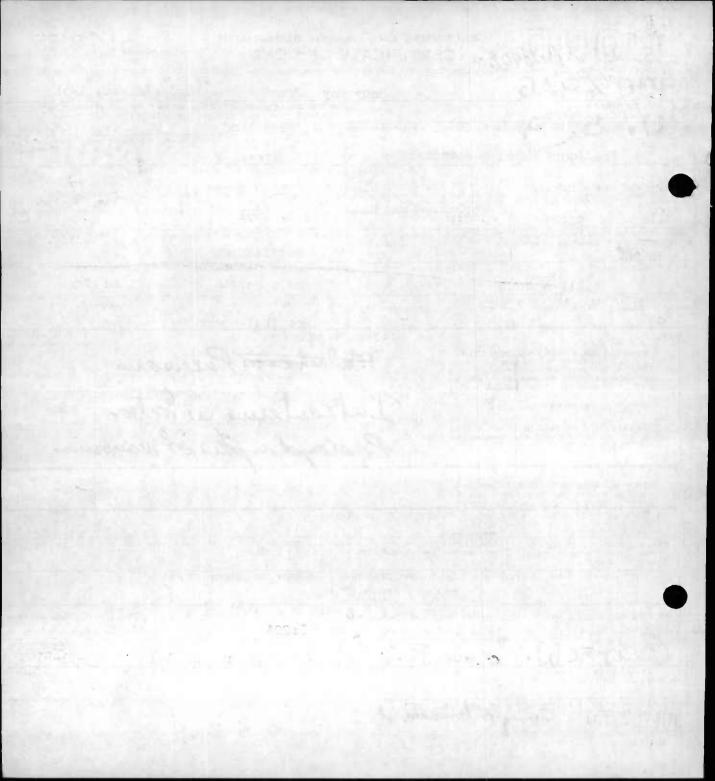
weeking the same of the same of the same

VS 150

159



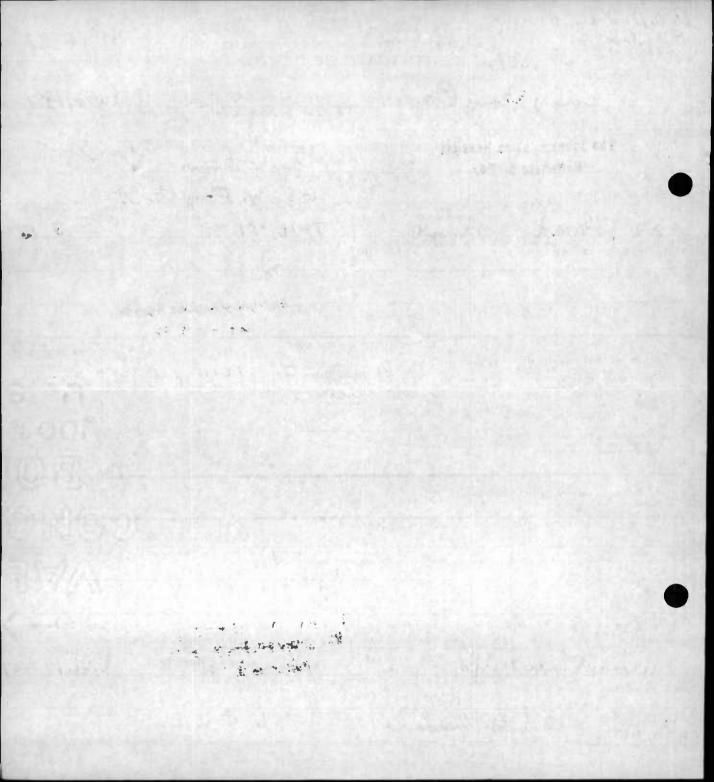
100		BALTIMORE CITY H	HEALTH DEPARTMENT	54 CAC5
BIRTH NO.	6465 51 - 154	03. CERTIFICAT	TE OF DEATH	Registered No.
1. NAME OF (Type or Print)	DECEASED			2. DATE
3. PLACE OF		Baby	Boy Evans	DEATH July 8, 1951
	City, Maryland		A. STATE	Where deceased lived, If institution: residence B. COUNTY before admission
B. FULL NAME		al or institution, give street address a		1 , 9
INSTITUTION			c. CITY OR TOWN (I	outside corporate limbs, write HUR Land gi-
3 5	The Johns Hop	Kins nospical Yrs.	Baltimore	
Congth of	stor in Daltinon	Mos.		
5. SEX	stay in Baltimore	7. SINGLE, MARRIED.	8 DATE OF BIRTH	d Hill Avenue 17
Male	Negro	Single Single	" July 8, 1951	9. AGE (In years   Months Days   Hours Min
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	
Infant		INDUSTR	Maryland	WHAT COUNTRY
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME
	William Eva	ns	Acrie Harris	419395
15. WAS DECEAS	SED EVER IN U. S. ARMEE	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT	ADDRESS
No	-	, Jest 11 140.	Hospital Rec	ords
(This doe	ASE OR CONDITION  LEADING TO DEAT es not mean the mode of	of dying, e.g.,	telestation for	hemoria
injury or	lure, asthonia, etc. It mea r complication which c	ns the disease, aused death.) DUE TO		
	ANTECEDENT CAUS		+ + .	- P A .
z		(8)	tranterine	u tection
DISEASE RISE TO	ES OR CONDITIONS, IN			
€   OHDERE	YING CONDITION LA	ST. (C)	stonged ruptu	u of mentous
<u> </u>				
OTHER	SIGNIFICANT CONDI	TIONS CON-		
H TRIBUTIN	IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT		LEADER TO STREET STREET
. 19A. DATE		98. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
A				YES NO
	DENT WAS UNDER. DR CONTRIBUTING	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	io or 21c. WHERE DID (1 INJURY OCCUR?	f in Baltimore City, give exact location)
	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?
OF INJURY		WHILE AT NOT WHIL		
20 77	7	m.   WORK   AT WORK		7 0
	by certify that I attalive on 7-8	ended the deceased from 7-	, 1951, to	7-8, 1951, that I last saw th
	ATURE 1	, 19 21, and that death occi	238. ADDRESS	he causes and on the date stated above
(see	rose 1).	0	The Johns Hopkins	
24A. BURIAL, TION, REMOVAL (	CREM - 248. DATE			OCATION (City, town, or county) (State)
IION, REMOVAL (	Specify	Host De	fasel	
DATE RECEIVE			25. FUNERAL DIRECTOR	ADDRESS
LOGAL REGIS	1951 Tunta	ator Millianis, Mat		TO SERVICE OF THE PARTY
VS 150		A STATE OF THE STA	646	6
V3 130				1600



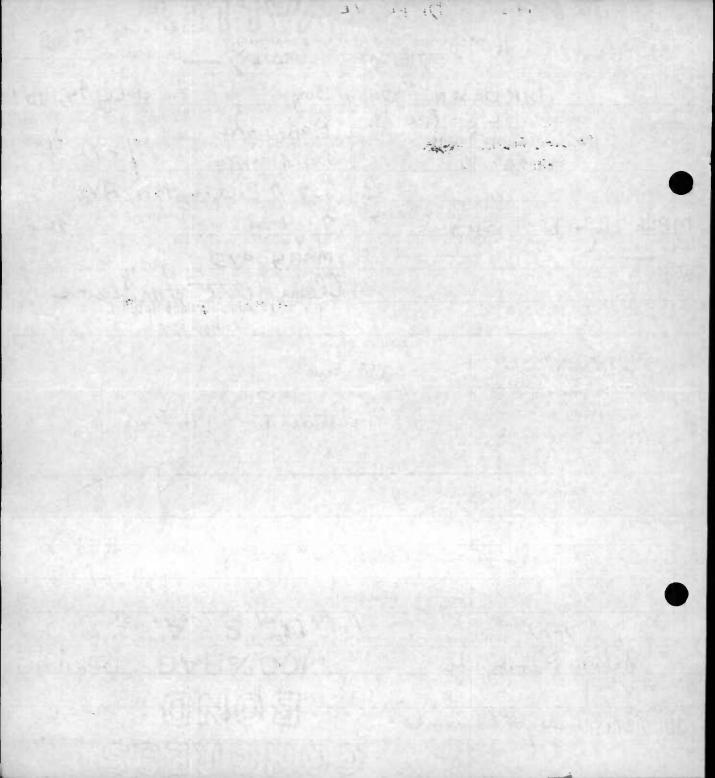
1. NAME OF (Type or Print)		Debu Den	2. DATE	- 10 1951
3. PLACE OF	DEATH:	Baby Boy	Langley   DEATH July   4. USUAL RESIDENCE (Where deceased lived.	y 10, 1951 If institution: residence
B. FULL NAME	City, Maryland OF (If not in hospits	al or institution, give street address or	A. STATE Maryland B. COUNTY	before admissi
HOSPITAL OR NSTITUTION		Hopkins Hosp.	c. CITY OR TOWN (If outside corporated in Baltimore	nits, write RURAL and towns
ength of	stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1316 South Highland	Avenue 24
. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years)	If Under 1 Year   It linder 24 H
Male	White	Single (Specify)	July 8, 1951	Months Days Hours M
A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNT
FATHER'S	NAME		14. MOTHER'S MAIDEN NAME	
	er Langley		Charlotte Schultz 4832	57 U
5. WAS DECEASED NO OF URLEOWN	SED EVER IN U. S. ARMED (If yes, give war or date)	FORCES7 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records	ADDRESS
DISEASE	es not mean the mode o ure, asthenia, etc. It mea r complication which c ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A)	auscd death.) DUE TO	contenie infection	
DISEASE RISE TO UNDERL	ure, asthenia, etc. It means recomplication which complication which complication which complications, in the above cause (a). YING CONDITION LA	TIONS CON-		mhaues
DISEASE RISE TO UNDERL	ure, asthenia, etc. It means of complication which complication which complication which complication complications, if the above cause (a) ying condition to the complication of the condition of the complication of the complic	F ANY, GIVING STATING THE ST. (C)	centerie infection	mhaues
DISEASE RISE TO UNDERL	ure, asthenia, etc. It means and complication which complication which complication which complication with the complication of the complication of the complication complication complication of the death, but disease or condition	F ANY, GIVING STATING THE ST. (C)	centeries infection myed supting of me	20. AUTOPSY
DISEASE RISE TO UNDERLO	ure, asthenia, etc. It means to complication which complication which complication which complication with the above cause (a). YING CONDITION LA  II SIGNIFICANT CONDITION OF OPERATION 1  DENT WAS UNDERDOR CONTRIBUTING CONTRIBUTING	F ANY, GIVING STATING THE ST. (C) PLOS CONNOT RELATED CAUSING IT.	renterins in fection inged supfuse of rue	20. AUTOPSY YES NO
OTHER TRIBUTIN TO THE I	ure, asthenia, etc. It means recomplication which control and the complication which control and the complication which control and the contro	TIONS CON- NOT RELATED  BB. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE	Leuterins in Rection  Tryed supfuse of rue  Tation  The state of the s	20. AUTOPSY YES NO
OTHER TRIBUTIN TO THE 19A. DATE  21A. ACCILLYING CAUSE OF INJURY	ure, asthenia, etc. It means recomplication which control and the complication which control and the complication which control and the contro	TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  AT WORK	RATION  B. OF 21C. WHERE DID (If in Baltimore City INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?	20. AUTOPSY YES NO , give exact location)
OTHER TRIBUTIN TO THE 19A. DATE  21A. ACCILLYING CAUSE OF INJURY  22. I here deceased to	ure, asthenia, etc. It means to complication which complication which complication which complication which complication with the Above Cause (A). The Above Cause (A) is a significant condition of the Death, but the Disease or condition of operation of the Death (Month) (Day) (Year) by certify that I attailive on 7–10	TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  AT WORK	RATION  B. OF 21C. WHERE DID (If in Baltimore City INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?	20. AUTOPSY YES NO , give exact location)
OTHER TRIBUTIN TO THE 19A. DATE  21A. ACCILLYING CAUSE OF INJURY  22. I here	ure, asthenia, etc. It means to complication which complication which complication which complication which complication with the Above Cause (A). The Above Cause (A) is a significant condition of the Death, but the Disease or condition of operation of the Death (Month) (Day) (Year) by certify that I attailive on 7–10	TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., the work work and work work and that death occurs in the control of the c	Lauterins in fection  myed supting of me  a or 21c. WHERE DID (If in Baltimore City INJURY OCCUR?	20. AUTOPSY YES NO , give exact location)  51, that I last saw the date stated abo
DISEASE RISE TO UNDERL  OTHER TRIBUTIN TO THE  19A. DATE  21A. ACCI LYING CAUSE OF 21D. TIME 25 INJURY  22. I here deceased of 23A. SICO	LIVE ASTRONAL SET OF COMPLICATION ANTECEDENT CAUSES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year) by certify that I attalive on 7–10	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g., i about home, ferm, fectory, street, office bldg.,  (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ended the deceased from. 7-8  1951. and that death occur	RATION  B. OF 21C. WHERE DID (If in Baltimore City INJURY OCCUR?  B. 1951, to 7-10 , 19.  Tred at 5: 25 Am., from the causes and on 13B. ADDRESS	20. AUTOPSY YES No , give exact location)  51, that I last saw the date stated about 23c. DATE SIGN 7-11-51
OTHER TRIBUTIN TO THE 19A. DATE  21A. ACCILLYING CAUSE OF INJURY  22. I here deceased to	Ure, asthenia, etc. It means of complication which complication which complication which complication which complications are complicated as a complication of the death, but disease or condition of operation of operation of operation of the death of the contributing of the death of the deat	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e.g., i about home, ferm, fectory, street, office bldg, while and work work at work work.  (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT NOT WHILE AT WORK  ended the deceased from. 7-19  19  21C. NAME OF CEMETE  S. SIGNATURE	Leaterns in Rection  Trace of the properties of	20. AUTOPSY YES NO No give exact location)  51, that I last saw the date stated about the date stated about 23c. DATE SIGN 7-11-51

the party of the party of the same of the 

1	J. O. A.	Fram, Non	meny						
	HADE	6467	BAI	TIMORE CITY H	EALTH DEPART	MENT	51	646	7
ВІ	RIPH NO	0 31.	15892	CERTIFICAT	E OF DEAT	H Regis	stered No.		-
1. (T	NAME OF D	Balm	Bona	Panie.		2. DATE OF DEATH	1) 10	161195	,
	PLACE OF D Baltimore (	EATH: City, Maryland	0		4. USUAL RESID	ENCE (Where dcceased		tution : resident	se ssion)
В.	FULL NAME	OF (If not in ho	spital or institut	ion, give street address or location)	m	d.		97	
IN	ISTITUTION		pkins Hosp	TUN .	c. CITY OR TOWN	(If outside corpor	rate lights, w		d give iship)
7	Artic	Deltano	ro 5, Md.	Yrs.	D. STREET ADDR	ESS (lf rural, give loc	ation)		
c.		tay in Baltimor		Mos. Days	6521	w. Fangett	5 57:		
5.	be a la	6. COLOR OR RA		E, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		years   Unde nday)   Months	Days Hours	Hours Min.
10	A. USUAL OC	CUPATION (Give ki	ndof 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country	1 112	CITIZEN OF	15
worl	k done during most o	of working life, even if ret	ired)	INDUSTRY	2			WHAT COUN	TRY?
13	FATHER'S	IAME			14. MOTHER'S MA	AIDEN NAME			
					76	<u> </u>			
(Ye	s, no or unknown)	D EVER IN U.S. AF (If yes, give war or	MED FORCES? detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Johns Hopkins N		RESS	
-	18. 7 7	/				Baltimore 5, Mi	<u>d</u>		-
	DISEAS	E OR CONDITIO	N DIRECTLY	^	OF DEATH			ONSET AND D	
	(This does	not mean the mo	EATH de of dving, e. g	Phen	nateuri ty	1410 Sm	0.		
	heart failu	re, asthenia, ctc. It complication whic	means the diseas	e,	>.a.A .	(a)		M • • • • • • • • • • • • • • • • • • •	
		ANTECEDENT C	AUSES	ALEXA HELD					
NO NO	DISEASES	OR CONDITION	S, IF ANY, GIVIN	(B)G	***************************************	***************************************	*********************	**********************	
FICATION	UNDERLY	HE ABOVE CAUSE ING CONDITION	(A) STATING TH LAST.						
FIC				(C)			***************************************	••••••	
R		IGNIFICANT CO							
CE	TO THE DI	TO THE DEATH, E	ON CAUSING I	D [	•••••••••••••••••••••••••••••••••••••••			***************************************	
4	19A. DATE C	F OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION			20. AUTOPS	
EDICA		ENT WAS UNDER CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			e City, give	exact location)	
Σ		Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE					
	22. I hereb	y certify that I	attended the	deceased from	, 19	, to	, 19, tl	at I last sau	the
	deceased al		, 19,	and that death occur		, from the causes ar			
	. 1	in Pink	enter for	м. р.	Yhe Johns	Hopkins Hospita	1	DATE SIGN	NED 45
	A. BURIAL, CON. REMOVAL (S		E	HOSP DER	RY OR CREMATORY	TOPE 50 MALION (CI	ty, town, or	ounty) (St	ate)
	ATE RECEIVED CAL REGIST	RAR	AR'S SIGNATIVE	tiale, Ma	25. FUNERAL DIR	естов 5 6	AD	DRESS	
7	VS 150		i justi	Jaggaria Maria				159	



HOSPITAL DISYOSAL	
6151 6468 3C. 51-1609 GIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	51 6468 Registered No.
	ATE OF JULY 14,1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland HLH - PRE N. 4. USUAL RESIDENCE (Where de	
B. FULL NAME OF THE JOHAS HOPKINS HOSPITAL OR location)  C. CITY OR TOWN (If outside INSTITUTION)	corporate limits, write RURAII and give
Baltimore 5, Md. BALTIMORE	Jownship)
c. Length of stay in Baltimore  Yrs. Mos. Days  959 N. Collins	Ston AYS
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AC	SE (In years   H Under I Year   H Under 24 Hours t birthday)   Months: Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign of line)	ountry)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1/
Claudette	Harkeson
, 5250111110.	Ans Hospitabress
18. 7/2 . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	5-2 ms.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Ē.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.)  21c. WHERE DID (If in Ba about home, farm, factory, atreet, office bidg., etc.)	YES NO No laltimore City, give exact location)
Σ	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	JR?
22. I hereby certify that I attended the deceased from 7-14-1951, to 7-	14-, 1951, that I last saw the
deceased alive on 7-14-, 1951, and that death occurred at 3 22pm., from the cause	ses and on the date stated above.
herman Puleston Jr. M.D. The Johns Hopking Una	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE	ON (City, town, of county) (State)
DATE RECEIVED BY REGISTRARIS SIGNATURE 25 FUNERAL DIRECTOR	5 ADDRESS
LOSOL REGISTRAS 1 Linter / Killiams, Ale	
Vs 150	159



# ND-3-10511646916478 BALTIMORE CITY HEALTH DEPARTMENT Registered No.

51 6469

BIRTH NO.	91		OLIVIN TOTAL	- O. DLITT		
1. NAME OF (Type or Print	`				2. DATE	
	В	aby Gir	1 Winfield (Lo			
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESID	ENCE (Where deceased lived B. COUNTY	
B. FULL NAM HOSPITAL OI	E OF (If not in hospit	al or institut	ion, give street address or	Maryl:		
INSTITUTION	Par CIMOI		Hospitals location)	C. CITY OR TOWN (If outside corporate limits, write W taL and give township		
3-1	4940 Eas	tern Av		Baltimore		
noth of	stay in Baltimore	Lif	Yrs. Mos. Days		ESS (If rural, give location lbrook Ave. (17)	
5. SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9. AGE (in years	
Female	Negro	Sing		July 18,199		Months Days Hours Min.
10A. USUAL	CCUPATION (Give kind of		OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
work done during mo	et of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	1
	Vinfield			Lorraine I		
15. WAS DECE	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Baltimore City H	ADDRESS
			SECONTI NO.	Records: 1	1940 Eastern Ave	nue
18.	4 1 1		CAUSE	OF DEATH	.y to -Be of the total	INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This de	LEADING TO DEA		Intracra	nial Hemorr	hare	Life
heart fa	ilure, asthenia, etc. It mea	ns the diseas	e,	211144 CHIVA 1/46 C		
injury	or complication which c	aused death	.) DUE TO			February IN III
	ANTECEDENT CAUSES Prematurity					Tica
DISEAS	ES OR CONDITIONS, I	F ANY. GIVIN		1 ( У	***************************************	Life
F RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			0700000
V ONDER	ETTING CONDITION EX	.51.	(C)			
DISEAS RISE TO UNDER UNDER OTHER TRIBUTI TO THE						
OTHER	SIGNIFICANT CONDI					
TRIBUTI	NG TO THE DEATH, BUT DISEASE OR CONDITION					
, 19A. DATE			FINDINGS OF OPER	ATION		20. AUTOPSY?
¥	V					YES NO
LYING D	IDENT WAS UNDER- OR CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE E	OID (If in Baltimore Cit R?	y, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
INJUR	Υ	m.	WHILE AT NOT WHILE			
	1			7-18 1951	-, to 7-19 , 1	51
	eby certify that I att	ended the			-, to (-17 , 1)	9.51, that I last saw the n the date stated above.
aeceasea 23A. SIGN	alive on 7-19	, 19_51		3B. ADDRESS	, from the causes and o	23c. DATE SIGNED
23A. 31GK	Cls.	160	-	940 Eastern	Arraman	7-20-51
24A. BURIAL	CREMA- 248 DATE	1	M. D.   4	RY OR CREMATORY	AVERUE  24b. LOCATION (City, to	1 1 1 1 1 1
24A. BURIAL TION, REMOVAL Cremat	(Specify)		B.C.H. Cremat		The state of the s	
DATE RECEIV	ED BY   REGISTRAR	S SIGNAT	RE LI E I	25. FUNERAL DIR	4940 Eastern	ADDRESS
LOCAL REGI	TRAR 1951	refer !	Midwa Mis	6	450	
20170	1991	1 222 1	Company S		***	

APPROPRIE

H 60 ND-130456 6470 BIRTH NO. 15896.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6470

Registered No.\_\_\_\_

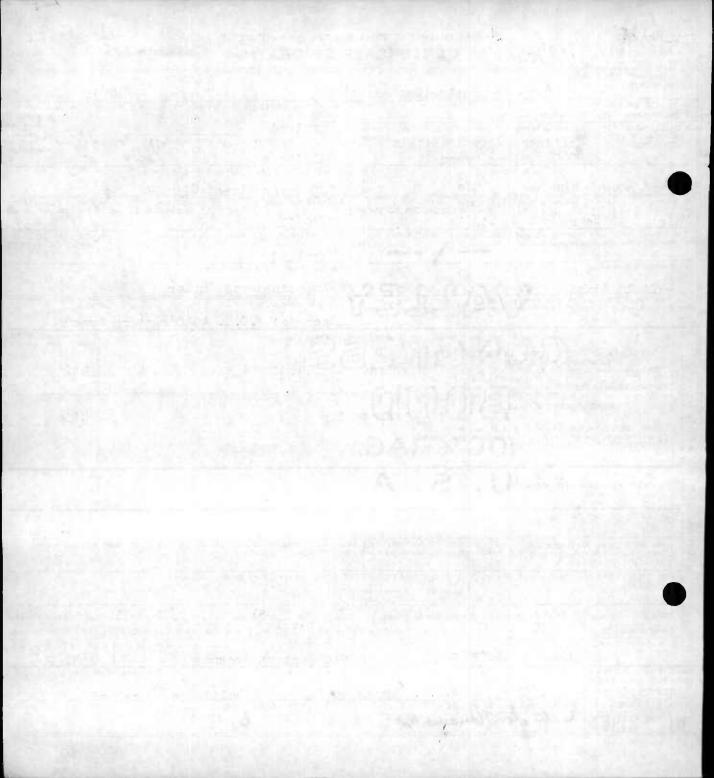
	NAME OF D			- 1		2. DATE OF T 3	
			y Boy	Paylor (Rosa L		DEATH JULY	16,1951
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution : residence before admission)
	FULL NAME			tion, give street address or location)	Maryland		. 7
	STITUTION	Baltimore		ospitals	C. CITY OR TOWN (If	outside corporate limits	write CUR to and give township)
		4940 East	ern Ave		Baltimore		
				Yrs. Mos.	D. STREET ADDRESS (If r	rural, give location)	
		stay in Baltimore	I	ife Days	223 N. Parrish S	St. (23)	
	SEX	6.COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hours ths; Days   Hours   Min.
_	ale	Negro	Sing	Le	July 16,1951		5 55
1O.	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
		o. working mo, or out it restrout		INDUSTRY	Maryland		WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
		Taylor			Rosa Lee Dickers	on	
15 (Yan	, mo or unknown)	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT Baltin	and City WAD	DRESS
(100	, no or unadowny	(11 300) 8110 1121 01 0100	. 01 801 7100)	SECURITY NO.	Records: 4940 E	astern Avenue	pitais
	18. 70	1.1		CALISE	OF DEATH		INTERVAL BETWEEN
	DISPAS	SE OR CONDITION	DIRECTIV		DEATH.		ONSET AND DEATH
		LEADING TO DEAT	ГН	Prematu:	ritar		Life
	heart failu	ire, asthenia, etc. It mea	ns the diseas	se.	N	**************************************	
	injury or	complication which c	aused death	i.) DUE TO			
		ANTECEDENT CAUS	ES				
	DISEASES	S OR CONDITIONS, II	F ANY, GIVIN	(B)	•••••••••••••••••••••••••••••••••••••••	***************************************	
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO			TO ALCO A A
S				(C)	***************************************	*****************************	
RTIFICATION		11					
2		SIGNIFICANT CONDI					237
UNITED IN	TO THE D	TO THE DEATH, BUT	CAUSING I	ED T			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
S							YES X NO
MEDIC	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., in farm,factory,street,office bldg., et	injury occur?	f in Baltimore City, gi	ive exact location)
2	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the		-16 , 1951 , to	7-16 . 1951	, that I last saw the
	deceased a	live on 7-16	1951	and that death occur	red at 6:15p m., from th	ne causes and on th	e date stated above.
	23A. SIGNA		1		3B. ADDRESS		23c. DATE SIGNED
		718. (	207	M. D. 4	940 Eastern Avenu	e	7-20-51
24	A. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE	0	24c. NAME OF CEMETER	RY OR CREMATORY 240. LC	CATION (City, town,	or county) (State)
110	Crematic	1 1		B.C.H. Cremato	rv 494	O Eastern Ave	nue
DA	TE RECEIVE			JAE	25. FUNERAL DIRECTOR		ADDRESS
J	UL 231	Jon Thurston	cher / by	Manus, Mas 5	1 1 0 6	460	
=		7000		Total Paris Commence and		4 - 3-4	

THE RESERVE THE PARTY OF THE PA

346	
BIM-1505684	11022016
BIRTH NO.	21 01000

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.	2, 0,100					
1. NAME OF (Type or Print)			,		2. DATE	
1	Baby	Boy But	ler(Catherine			20/51
3. PLACE OF A. Baltimore	City, Maryland		The state of	4. USUAL RESIDE	NCE (Where deceased lived, I	f institution : residence before admission)
B. FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		action of the second
HOSPITAL OR	Baltimore			C. CITY OR TOWN	(If outside corporate him	ts, write RURAL and give
3	4940 East			Baltimore	106	township)
			Yrs.	D. STREET ADDRE	SS (If rural, give location)	
ength of	stay in Baltimore	life	Mos. Days	725 Dover	Street City 30	
5. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Male	Negro	Singl	ED, DIVORCED (Specify)	7/20/51	last birthday) M	onths Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of	10B. KIND	OF BUSINESS OR		tate or foreign country;	12. CITIZEN OF
work done during mos	t of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
Lafield	Adams			-	Rena Butler	
15. WAS DECEAS	SED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS
			SECORITY NO.	Records: B.	.C.H. 4940 Easter	n Arranya
1B. 7			CALISE (	OF DEATH	4)40 -asver	INTERVAL BETWEEN
DISEA	SE OR CONDITION	DIRECTLY		. 52////		ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  DUE TO					
heart fail						
injury of						
	ANTECEDENT CAUSES Prematurity					
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
V ONDERE	THIS CONDITION EX	31.	(C)	**************************************		
Z DISEASE TO UNDERLU OTHER TRIBUTIN						
OTHER .	SIGNIFICANT CONDI	TIONS CON				
TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
, 19A. DATE			FINDINGS OF OPER	ATION		20. AUTOPSY?
Y.						YES NO
	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		
21D. TIME	(Month) (Day) (Year)	(Hour)   2	TE. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
INJURY		W	HILE AT NOT WHILE			
00 77		m.	WORK AT WORK	/20	7/20	
deceased alive on 7/20, 1951, and that death occurred at 8:15AMm., from the causes and or						L, that I last saw the
23A. SIGNA	tille on	., 1921.			from the eauses and on t	
23A. 31GNA	CH 7	300		3B. ADDRESS	A	23c. DATE SIGNED
24A. BURIAL	CREMA- 24B. DATE	11	M. D. A.		Avenue 24b. LOCATION (City, town	7/20/51 (State)
24A. BURIAL, TION, REMOVAL (						
Cremati DATE RECEIVE			B.C.H. Cremato	ry	Baltimore, Mary	
LOCAL REGIST	TRAR	品加	aus, Mas	25. FUNERAL DIRE	6 4 5 9	ADDRESS



DATE REC'D BY LOCAL REG.

## MARYLAND STATE DEPARTMENT OF HEALTH

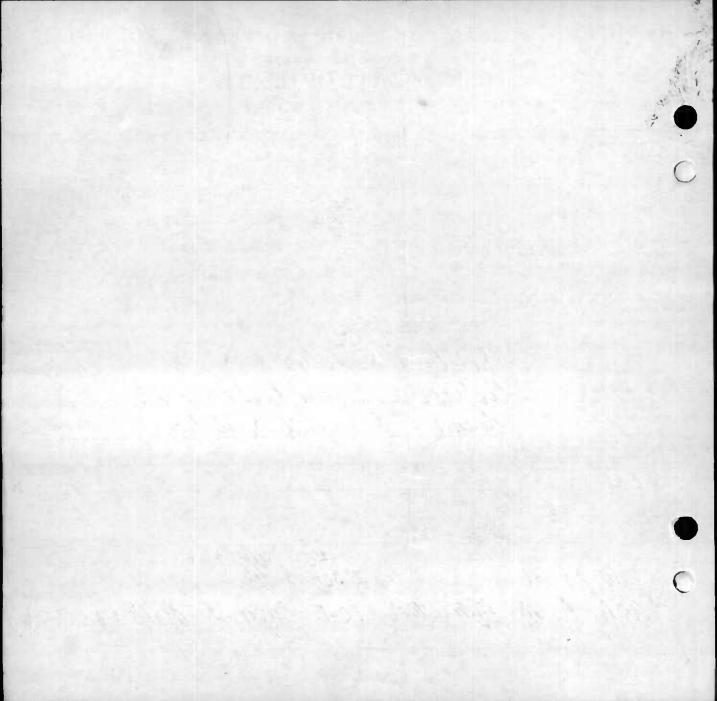
51 6472

2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEAT	H	Reg. Dist. N	lo	
1. SECE OF DEATH. Baltime	MARYLAND	2. USUAL RESIDENCE (F	OME) OF DE	CEASED COUNT	Y · O	
CITY (If outside corporate limits, write RUR OR give nearest fown) TOWN Schringe HOSPITAL OR	AL and LENGTH OF STAY (in this place)	CITY (Iboutede corpora OR TOWN	te limits, write	RURAL and g	ive nearest to	own)
INSTITUTION OR 436/ Not	and are	STREET ADDRESS	(Il rugal,	give location)	570	0
3. NAME OF DECEASED (First) (First) (Type or Print)	(Middle)	(Last) Graham	4. DATE OF DEATH	(Month)	(Day)	(Year)
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		9. AGE last bir	thday It under Months		nder 24 hru
done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	Mary and	foreign country		COUNTRY?	OF WHAT
13. FATHER'S NAME  JOSHUA BENNET  15. WAS DECRASED EVER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY NO.	Gatherine	D	10		\
(Yes, no, or unknown) (If yes, give war or dates		Sister ang	ela			
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause (a)	18. MEDICAL CE	mfolis			INTERVAL ONSET AN	BETWEEN DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	Telliso soli distast with	levolië boyd Comblete her	r-Mase	ulas	Stolle	Men
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.	1	7. 100		10	7 - 12
youl !	FINDINGS OF OPERATION				20. AUTO	PSY1
21. ACCIDENT (Specify) PLA OF INJUSTICE INJUST	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TO	OWN)	(COUNTY		
URY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
22. I hereby certify that I attended the alive on 23, 195, an SIGNATURE.	d that death occurred at	10-E-Eagle		the date st	DATE S	e. IGNED
REMOVAL (Specify)	\$ 16-V 1110 HMAT	tinealeste.	Sur Lord (City	, town, or coun	31,0	State)

24. FUNERAL DIRECTOR

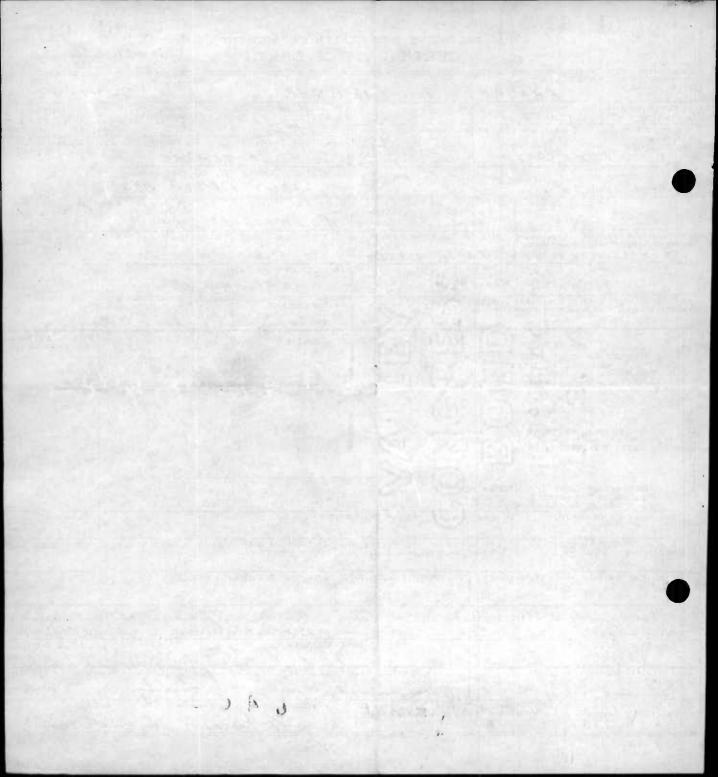
ADDRESS



## BALTIMORE CITY HEALTH DEPARTMENT

51 6473

Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) EDW ARD YIENGER 21-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) MD B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 33YY CATON AUE BALTIMORE p. STREET ADDRESS (If rural, give location) Yrs. Mos 33YY CATON AUE. ength of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years M Under I Year M Under 24 Hours Last birthday) Months; Days Hours; Min. DEC. 79, 1901 married IOA. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? BUS MECHANIC TRANSIT SYSTEM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUGUST YIENGER MARY ANN STOLL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoown) (If yes, give war or dates of service) SECURITY NO. 6 Mirodeona 33xx Caton Ove. 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACUTE COBONAR (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OCEL USION OUF TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 2/\_, 1967, to 7 1967 that I last saw the 22. I hereby certify that I attended the deceased from 2 19.07, and that death occurred at 12:45 m., from the causes and on the date stated above. deceased alive on\_ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR VS 150



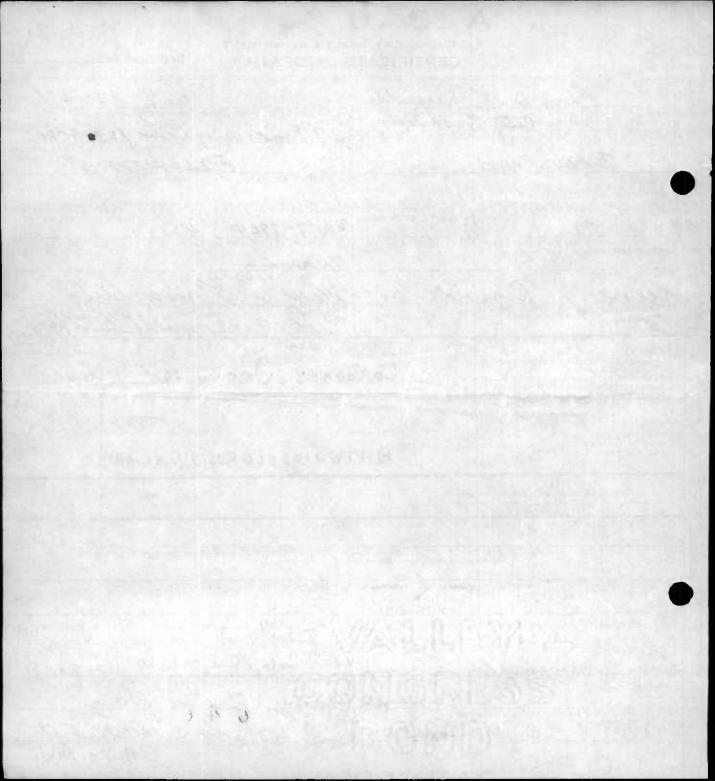
**51** 6474

3 4 7	CF	FRTIFICATI	E OF DEATH	Registered	No
BIRTH NO.  1. NAME OF DECEASED.			- OI BEATTI		
(Type or Print) 71	OVD. K. K	eynolds		2. DATE OF DEATH 7-	23-51
3. PLACE OF DEATH: a. Baltimore City, Mary	yland City Was	hital	4. USUAL RESIDEN	CE (Where deceased lived, )	institution : residence
B. FULL NAME OF (If n HOSPITAL OR INSTITUTION	ot in hospital of institution,	give street address or location)	c. CITY OR YOWN		ts, write RURAL and give
BAL	70 Md			Essex-	ma township
c. Length of stay in Bal	timore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	5300
5. SEX 6. COLOR	OR RACE   7. SINGLE, M		8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under I Year   Il Under 24 Hours onths: Days   Hours   Min.
10a. USUAL OCCUPATION	(Givekind of 108, KIND OF	BUSINESS OR	11. BIRTHPLACE (Sta	4 46	12. CITIZEN OF
ork done during most of working life, e	ven if retired)	INDUSTRY	Virginia	- Correspination of the country of t	WHAT COUNTRY
13. FATHER'S NAME	PO	0.	14. MOTHER'S MAID	EN NAME	1:00
15. WAS DECEASED EVER N Yes, no or nnknown) (If yes, giv	U. S. ARMED PORCES? 16	S. SOCIAL	17_INFORMANT	· Smem	relig
(11 yes, giv	e war or dates of service)	SECURITY NO.	Ruth . B.	Reynolds	Auin HERO
18.420.1	1	CAUSE	DF DEATH		INTERVAL BETWEEN
LEADING	NDITION DIRECTLY TO DEATH the mode of dying, e.g.,	COR	WARY OC	CLUSION	LHRE
heart failure, asthenia,	etc. It means the disease, n which caused death.)	DUE TO			
ANTECEDE	ENT CAUSES				
DISEASES OR COND	ITIONS, IF ANY, GIVING	(B)	······································		***************************************
UNDERLYING CONE	CAUSE (A) STATING THE	CC AR	TERIOSCLE	ROSIS CORONA	Ry
	11	(0)			
OTHER SIGNIFICAN	IT CONDITIONS CON-				
19A. DATE OF OPERAT		NDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS	UNDER   218. PLACE	OF INJURY (c. g., in	nr   21c. WHERE DID	(If in Baltimore City,	yES NO give exact location)
LYING OR CONTRIB	UTING   about home, farm, f	factory, street, office bldg., et	injury occur?		
ID. TIME (Month) (D	ay) (Year) (Hour) 21E.	INJURY OCCURRE	D 21F. HOW DID IN	JURY OCCUR?	
	m. Wor	RK L AT WORK L	4 2 2 41	1000	
deceased alive on	that I attended the dec		rel at 8:30 Am for	on the causes and on t	L, that I last saw the
234 SIGNATURE	11		BB, ADDRESS	an Batto 20	23C. DATE SIGNED
	B. DATE   24c.	M. D. NAME OF CEMETER	RY OR CREMATORY 2	4D. LOCATION (City, town	7-23-5/ , or county) (State)
HON, REMOVAL (Specify)	1/12	ujnolds	ameting	gretna No	× -
DATE RECEIVED BY RE	GISTRAR'S SIGNATURE	4	25. FUNERAL DIRECT	///	ADDRESS
01741957	with alon / 1/14	Latitud - All Latin	VIE COM	MC /2/7.	March II

· 人名英格兰

VS 150

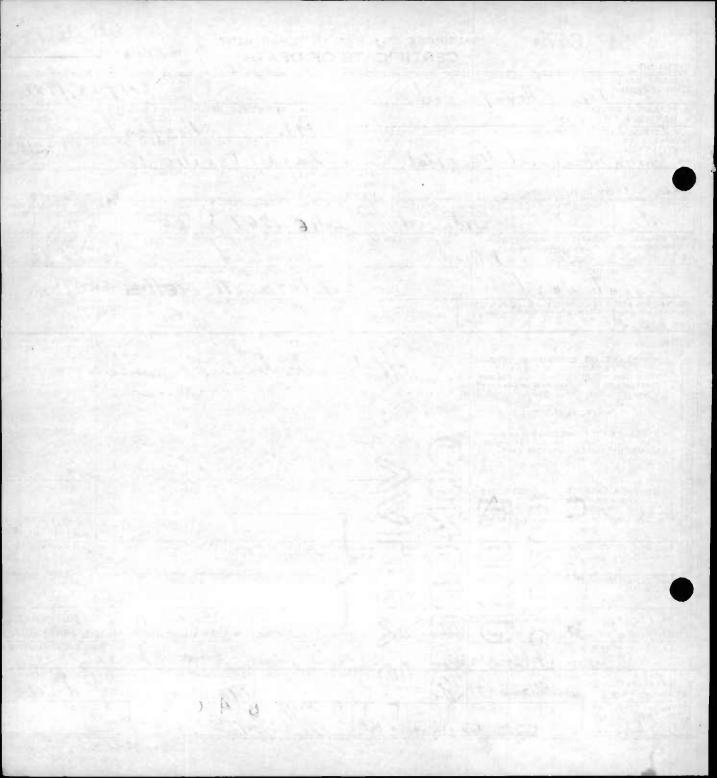
94aBALTOMA



## BALTIMORE CITY HEALTH DEPARTMENT

51 6475

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE OF Luly 23, 1951 (Type or Print) Thomas Henry h 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or tan HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Larrettsville Union Memoria D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years If Under 24 Hours last birthday) | Months: Days | Hours : Min. WIDDWED IUN 5, 1867 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT, COUNTRY 45. Post master 13. FATHER'S NAME 1 zafeth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. UM NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? about home, farm, factory street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I attended the deceased from\_ . 195 1, to. , 195 ( that I last saw the Aul 13 1951, and that death occurred at 3: 45 Pm., from the Jauses and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF SEMETERY OR CREMATORY 24B. DATE DATE RECEIVED BY ADDRESS REGISTRAR'S 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



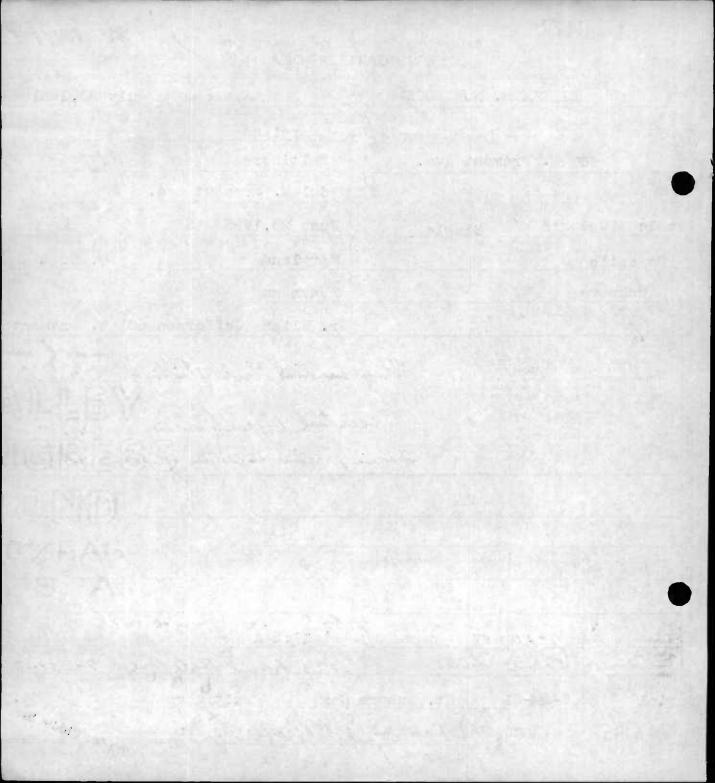
# BALTIMORE CITY HEALTH DEPARTMENT

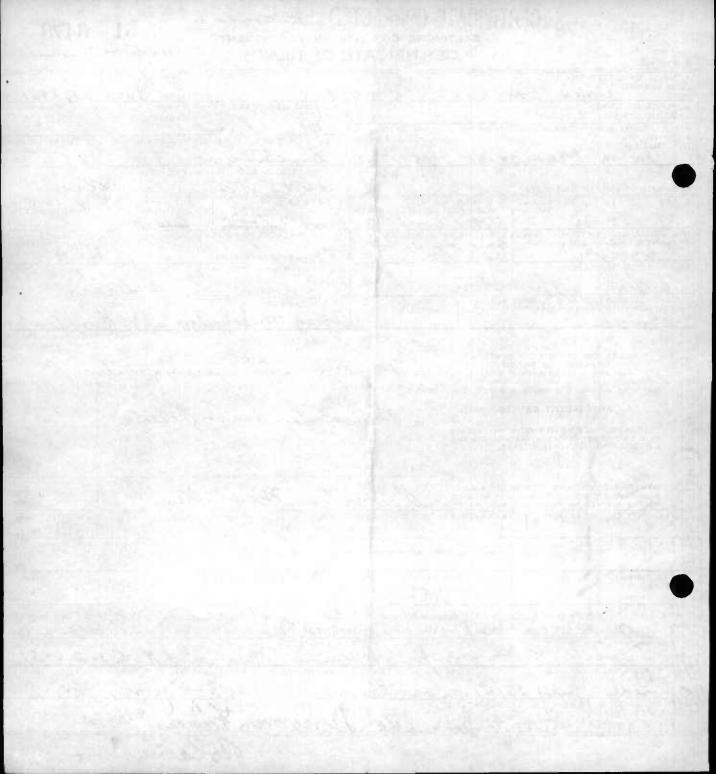
V-560	O Maria
51 6476  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.	6476
1. NAME OF DECEASED (Type or Print)  Any Minor.  2. DATE OF DEATH July	20,1951.
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland)	stitution : residence before admission)
HOSPITAL OR INSTITUTION 1052 W. Fayette St Baltimore	write RURAL and give
ength of stay in Baltimore  Yrs. Mos. Days  D. STREET ADDRESS (If rural, give location)  1052 W. Fay ette St.	
Femole C WIDOWED, DIVORCED (Specify) November 4. last birthday) Mon	ths Days Hours Min.
House wife Industry Caroline Co. Virginia	WHAT COUNTRY:
William ? Sylvia Hann.	
No. Lola J. Branch. 810 N.	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ONSET AND DEATH
injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  DIADETIS Melitis	?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	?
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, gi	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or lying or contribution)  21c. WHERE DID (If in Baltimore City, girls, of color)  About home, farm, factory, street, office bldg., stc.)  INJURY OCCUR?	ve exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Feb. 7 1950 to July 20 1951, deceased alive on July 19 1951 and that death occurred at 4 P m. from the causes and on the	
23A. SIGNATURE  23B. ADDRESS  844 N. Carey St. Balt.Md.  24A. SURIAL, GREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, company)	7/23/51 or county) (State)
Burial July 24, 1951. Arbutus Memorial Arbutus,	Md. Address 299
JUL 7 4 1951 Tentington Williams, Mrs Halis A. Williams 91.	Sprondus
V\$-150	11

Thomas Managh Lattinera of action of the late of the Subject to the state of the sta

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

RIF	RTH NO.			CERTIFICAT	E OF DEATH	Registered .	140
	NAME OF D	ECEASED				2. DATE	
	pe or Print)	LILLIE	M. ROI	BINSON			ly 20,1951
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	
В. Г	ULL NAME		al or institut	ion, give street address or	N N		
	SPITAL OR	475 N 31 33-	. 4	location)		outside corporate limi	ts, write RURAL and give
		601 N. Fr	emont		Baltimore	1/-	0.3
				Yrs. Mos.	601 N. Fremo		
	Length of s	tay in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRTH		if Under 1 Year   II Under 24 Hours
Fe	male	Colored	Si	ED, DIVORCED (Specify)	June 25,1898	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Domes	tie	0. [115]		Maryland		U.S.A.
13.	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
		nown			Unknown		
15. (Yes.	WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Į.	ADDRESS
`					Mr. Elisha Jef	ferson 601	N. Fremont
	18. 58	73.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	1.	4. 4	.1.	
	heart failu	LEADING TO DEA's not mean the mode oure, asthenia, etc. It mea	of dying, e. g	(A) Mys	radial ins	freine	month
	injury or	complication which o	aused death				
		ANTECEDENT CAUS	SES	GAA	tel / 1	f	-
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DIJE TO						V., 323:
ATIO	UNDERL	THE ABOVE CAUSE (A)	STATING TH	E DUE TO		4 ,1.	1.6
D.				(dellame	passine ungest	nen of lava	a sure
1		II					
ERTI	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	.D			
U.		OF OPERATION	The second second	FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	194, 5412	or Charlon	SB. MASON	THE THE STATE OF LET	*		YES NO
EDICAL		DENT WAS UNDER-		CE OF INJURY (e. g., i		If in Baltimore City,	give exact location)
	CAUSE OF	R CONTRIBUTING DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ.		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
L.	FINJURY		m.	WHILE AT NOT WHILE		)	
	22 I havel	y certify that I at	-		uly 9 , 1950 to	hely 20 100	I, that I last saw the
					rred at 11:55A from		
	23A. SIGNA	TURE	1/4		3B. ADDRESS	, and the control of	23c. DATE SIGNED
	12	of. Ven	Jules	M. D.	1723 Arid	that ane	7-23-57
24 TIO	A. BURIAL, N. REMOVAL (S	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	i, or county) (State)
	rial	7-24-5	51	Mt. Auburn	Sem; U Balt	imore	Md.
DA	TE RECEIVE		SSIGNATL	RE	NERAL DIRECTOR	92/	ADDRESS 56
11	11 7419	15   tunt	instan!	YHLames, Mys	1012 revers 4	1. Newsler	Bidate
	VS 150	Sher	A -	The second of th	^1		18 125 B
			ALITANA.	12	D&A		ADDRESS St. Biddle St. 125 B

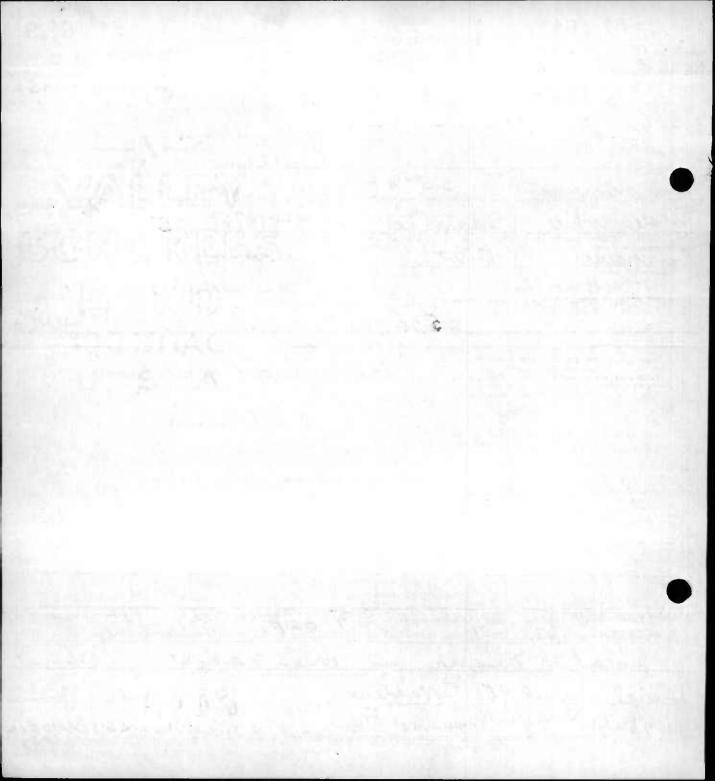




### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

		-	JA.
L. makaina	NT.		

BI	RTH NO.				
	NAME OF DECEASED TEVE	N LETRI	SET	2. DATE OF DEATH	22-1951
A.	PLACE OF DEATH: Baltimore City, Maryland	1241 Carroce St.	4. USUAL RESIDENCE (W	here deceased fived. If inst B. COUNTY	titution : residence before admission)
H	FULL NAME OF (If not in hospi DSPITAL OR ISTITUTION	ital or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
	STITUTION		Baltim	orl	township)
	17 6 1 72 71	55 W Mos.	1 11 11 1	rural, give location)	1-03-
	Length of stay in Baltimore SEX   6.COLOR OR RACE	Days	8. DATE OF BIRTH	9 AGE Un years     Unde	er 1 Year   II Under 24 Hours
7	nale white	WIDOWED, DIVORCED (Specify)	aug 21-1875	last birthday) Month	s Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of done dyging most of working life, even if retired		11. BIRTUPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	6loth	Hungar	4	
12	Unknous		14. MOTHER'S MALDEN N	own,	
15	. WAS DECEASED EVER IN U. S. ARME		17. JNFORMANT . O	ADDI	RESS
(Ie	(If yes, give wer or det	215-05-1767	Elizabeth ! h	Jukel 1241	Carroll St.
	18. 4/20.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY ATH	rusclerotie	7/2.+0'	
	(This does not mean the mode heart failure, asthenia, etc. It mo injury or complication which	eans the disease,			
	ANTECEDENT CAU	JSES On,	dia e Deluta	turan	
RTIFICATION	DISEASES OR CONDITIONS,	IF ANY, GIVING	mat paara	WO'T	
AT	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L				
FIC		(C)			
RT	OTHER SIGNIFICANT CON				
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	N CAUSING IT	ATION		20. AUTOPSY?
AL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER.	ATION		YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e.g., in about bome, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
Z	ID. TIME (Month) (Day) (Year	r) (Hour)   21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
	INSORY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I at		4/1 050 19 51, to 7/		hat I last saw the
	deceased alive on 122	, 1951, and that death occur	red at in., from t	he eauses and on the	date stated above.
	Vincent M.	nessura M.D.	1403 S. Charl	20 St	7/23/51
2.	A BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
Á	Junal July 15.		25. FÜNERAL DIRECTOR	allo orty	DDRESS
L	CAL REGISTRAN	on Milliams Mar In	1. Mus John Ir G	Teulel Am - 50	11 Edwards
====	VS 150	100 Maria Maria	7	1	a au
				9:	3)



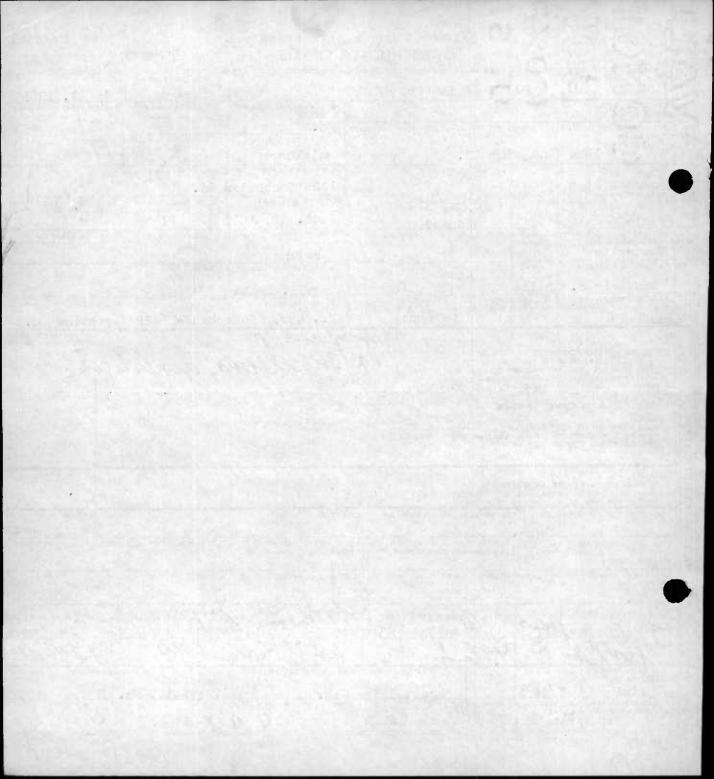
51 6480 51 6480 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1-22-51 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore LOUMEN Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthdaf) Months: Days Hours: Min. single 3/2 W/2 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Maryland 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Arthur C. Dirzuweit - 2901 Chelsea 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES NOIL (B) ...... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. U E ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from whyte, 19 1, to 11 " that I last saw the deceased alive onfi 2 1921, and that death occurred at it from the causes and on the date stated above, 23c/DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or courty) 24B. DATE 25/51 Burial Woodlawn Cem. Woodlawn. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS CAL REGISTRAR VS 150 The state of the s

Berseilly Stille neres lection Trallmone . 2462 420 do of Ple Forde White ich 26, 17.1 = 1: 11. 1. 11/11/11/11 Down & Edward Stule Shirley Mughet Direction Federally September 1106 Finite . I definitely the They they take the sale.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6481
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) ALICE CHILDS MOMECHEN OF July 21, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) 1326 Northview Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1326 Northview Rd. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female Sept. 22, 1859 widowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin E. Childs Mary E. Leeks 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. Harry McNechen - 1326 Northview Rd. none none INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... Ē OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WITTLE WHILE AT WOOK 22. I hereby certify that, I attended the deceased from that I last saw the DI. and that death loccurred all deceased alive on from the causes and on the date stated above 23m ADDRESS 24A. GURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) Burial Druid Ridge Cem. Pikesville DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

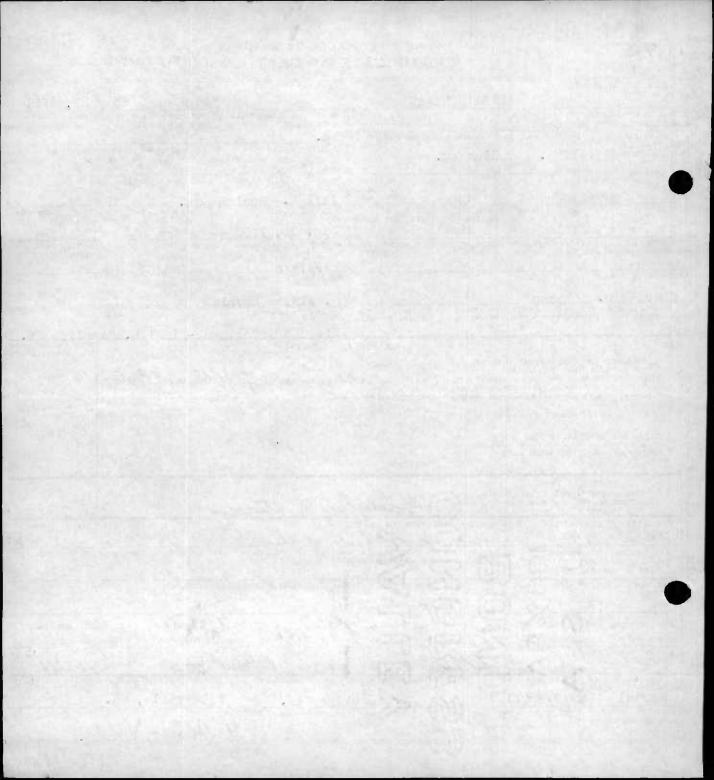


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 6482

Registered No.-

BIRTH NO						
1. NAME (Type or Pr	OF DECEASED				2. DATE	
	A	LMIRA C	OLEMAN		DEATH J	uly 22, 1951
	ore City, Maryland		EXTACTOR OF	4. USUAL RESIDENCE (V		
B. FULL N. HOSPITAL		al or institut	ion, give street address or location)	Md.		
INSTITUTI		roline	St.	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give township)
				Baltimore	(C) in	W/
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	of stay in Baltimore		Days	1411 N. Caroline		
5. SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.
femal			ngle	Jan. 26, 1893	58	
10A. USUA work done during	L OCCUPATION (Give kind of most of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
non				Maryland		WHAT COUNTRY
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	AME	
Charl	es O. Coleman		-02-6-6	C A7		
15. WAS DE	CEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	S. Almira Haynie		ADDRESS
no	nown) (If yes, give war or date	s of service)	SECURITY NO.			
18.	100		CALICE	Miss Etta Colema	$n = 1411 N_{\bullet}$	Caroline St.
	172X 1		CAUSE	OF DEATH		ONSET AND DEATH
	SEASE OR CONDITION LEADING TO DEA	TH			+ 10	111111111111
(This	does not mean the mode of failure, asthenia, etc. It mea	f dying, e. g	3., (A)	in uma of ll	leus ( sud	y) 16 mully
injur	y or complication which o	aused death	DUE TO			
	ANTECEDENT CAUS	ES				DISTRICT CONTROL
Z	4.555 AD CONDITIONS		(B)		*****	
RISE	ASES OR CONDITIONS, IT	STATING TH				
O DISE RISE UND	ERLYING CONDITION LA	ST.	(C)			
E -						
OTHI	II ER SIGNIFICANT CONDI	TIONS CON	1. 0.4			
	TING TO THE DEATH, BUT	NOT RELATE	· Muscul	un Distroply		? 425.
. 19A. DA			FINDINGS OF OPER	ATION		20. AUTOPSY?
Z CALLS	ul 1458	C	uma of two	Le ed literen		YES NO NO
2 1A. A	CCIDENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., it		f in Baltimore City,	
LYING CAUSE	OR CONTRIBUTING OF DEATH	about home, f	farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
D. TII	ME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F, HOW DID INJURY	OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I h	ereby eertify, that I att		/	0/57 19 /to 7	/22/5/ 19	_, that I last saw the
				red at 915 A m., from to	he equees and or	the date stated above
	GNATURE	1		3B. ADDRESS	a courses and on t	23c. DATE, SIGNED
0	Francis W	H	M.D.	3406 St Paul	5	7/23/57
24A. BURI TION, REMOV	AL, CREMA- 24B. DATE		24c. NAME OF CEMETER		OCATION (City, town	n, or county) (State)
Bur		1	Dmid-R	idge Cem. P	ikesville, M	ld.
DATE REC	EIVED BY   REGISTRAR			25 FUNERAL DIRECTOR	1	ADDRESS
LOCAL RE	JO!	on Mill	Carrie, 112	V/Vm. V. V	Mines V	Shis
VS 1		1.5	1	1111		at no
					48 BUQ	allo los
				V		



51 Rda2

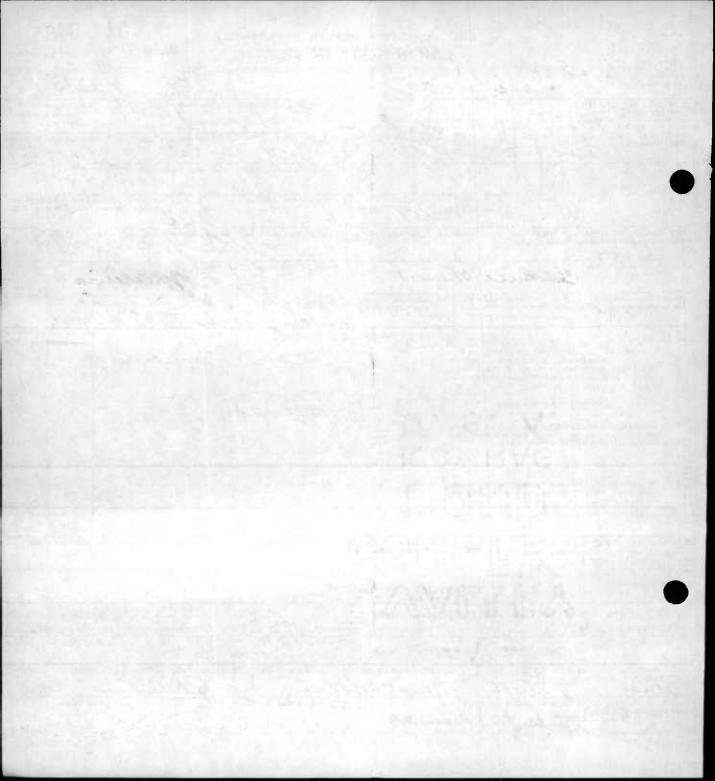
83B

132 BIRTH NO.		BAI	CERTIFICAT		70 4 4 4	No.
1. NAME OF DECE (Type or Print)	MARY D. I	PELTZER			2. DATE	y 22, 1951
3. PLACE OF DEAT A. Baltimore City	H:	DD1 GD1		4. USUAL RESIDE	ENCE (Where deceased lived, I	
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit	al or institut	ion, give street address o location		(If outside corporate lim	its, write RURAL and give
	rd Convales	scent H	ome	Baltimore	7-6-	township)
Length of stay	in Baltimore	life	Yrs. Mos. Days		ess (If rural, give location) mar Ave.	
	COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
female	white		VED, DIVORCED (Specify	March 25, 1	873 Jast birthday) M	Ionths Days Hours Min.
10A. USUAL OCCUP	PATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
housewife	kiog life, eveo If retired)	own	home	Balto. Co.	. Md.	WHAT COUNTRY
13. FATHER'S NAM	Ē			14. MOTHER'S MA		
Benjamin B				Ruth Ann Ta	ıwney	
15. WAS DECEASED E	VER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Miss Ruth F	Peltzer, 6307 Bela	air Rd. Balto.6
(This does no heart failure, a injury or cor	OR CONDITION ADING TO DEA' t mean the mode of sthenia, etc. It mean plication which of TECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L/	TH of dying, e.; ons the disease caused death SES FANY, GIVII STATING TI AST.	(B) CE		THR OMBOSIS RTERIOSCLEROSI	4 mehr
TRIBUTING TO	IFICANT COND THE DEATH, BUT SE OR CONDITION	NOT RELAT	ED SE	NILITY		_
19A. DATE OF C			FINDINGS OF OPE	RATION		20. AUTOPSY?
3						YES NO
7	SUICIDE, Specify)  ith) (Day) (Year)	ebout home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.  21E. INJURY OCCURF WORK NOT WHILL WORK AT WORK	RED 21F. HOW DID	OID (If in Baltimore City, R?) OINJURY OCCUR?	give exact location)
deceased alive	on July 22	ended the	deceased from and that death occu	une 27, 195, urred at 2 P. m.	7, to Lucy 22, 190, from the causes and on	
23A. SIGNATUR	w Trachen		м. р.	633 Bel	Pan: 14 (6)	7/23/5/
24A. BURIAL, CREI	AA- 24B. DATE		24C. NAME OF CEMET		24D. LOCATION (City, town	n, or county) (State)
burial	July25	1951	Parkwood Ce	meterv	Balto. Md.	
DATE RECEIVED B	Y   REGISTRAR	1. /		25. FUNERAL DIR	ECTOR	ADDRESS

Stand of the standard of the s

1/_	/ 51 6484		51 6484
X		EALTH DEPARTMENT	~ 407
B	IRTH NO. CERTIFICAT	E OF DEATH	Registered No.
1	NAME OF DECEASED	2	DATE
(	Type or Print) ola Edyde		OF 7/22-/5/
	PLACE OF DEATH: Baltimore City, Maryland		deseased lived. If institution: residence before admission
В	FULL NAME OF (If not in hospital or institution, give street address of	ir may land	before admission
	OSPITAL OR location	c. CITY OR TOWN! (If outside	de corporate limits, write RURAL and giv
13	Mercy Posperal	Jalleno	1 1 3 0 6
	Yrs. Mos.	D. STREET ADDRESS (If rural,	give location)
5	Length of stay in Baltimore Days SEX   6. COLORJOR RACE   7. SINGLE, MARRIED,		CS All Desired Willed Live Live Live Live Live Live Live Live
	WIDOWED DIVORCED (Specific		AGE (in years ast birthday) Months Days Hours Min.
wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTR	11/ BIRTHALACE (State or foreign	COUNTRY WHAT COUNTRY
	B. FATHER'S NAME Clarence Johnson	14. MOTHER'S MA) DEN NAME	Meisling.
1! (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
_	16	Lludley Hyde	2798 W Month ave.
	18. 3 3 / X CAUSE	OF DEATH	INTERVAL BETWEEL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cose had do	and the same of the
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	correct me	409
	injury or complication which caused death.) DUE TO	/ /	4
	ANTECEDENT CAUSES	whele is an	2
LION	DISEASES OR CONDITIONS, IF ANY, GIVING	All	
1	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0,4	
0	(C)		
RTIFIC	II OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
O	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
Y	None		YES NO
MEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCC	UR?
K	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	1/21/ ,195/, to 1/2	, 192/, that I last saw th
	deceased alive on 17/22, 1957, and that death occu	rred at 1100 m., from the ca	uses and on the date stated above
		238 ADDRESS	02 23c DATE SIGNED
24		ERY OR CREMATORY 240. LOCAT	ION (City, town, or county) (State)
1	Level 7.26.1951 New Cath	edral of B	allimore md
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	125 FUNERAL DIRECTOR	ADDRESS
	JUL Z41331 tuttistor Miliams, M. "	T. Howard Atin	ng 3207 W Novel 1.
	VS 150	1	1
1	or Maria		83a

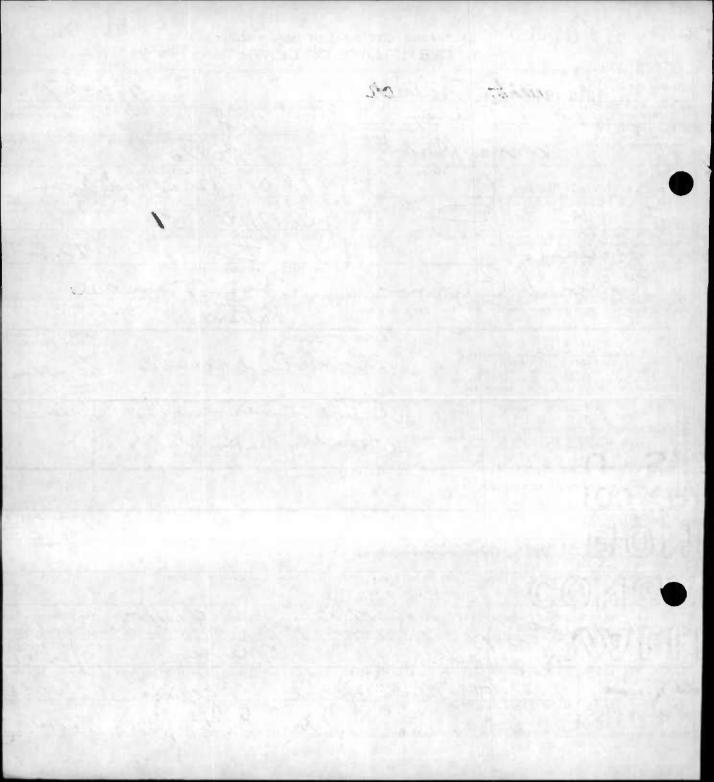
and legibly.



25 FUNERAL DIRECTOR

VS 150

ADDRESS



54 0400

1217 St. Paul Street

46E

	51	6486		TIMORE CITY HE	EALTH DEPARTMENT	Registered N	230
В	IRTH NO.			OLIVIN ICATI	L OI DEATH		
1. NAME OF DECEASED (Type or Print) Della Kinnamon Thomas						2. DATE OF DEATH July	24, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (		
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	Maryland		
INSTITUTION 512 Richwood Avenue					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township		
Yrs.					D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore Mos.					512 Richwood Avenue 27-10		
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years If	under ! Year   H Under 24 Hours   Hours   Min.	
	female white widowed				Aug. 27, 1884	66	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY					11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
housewife  13. FATHER'S NAME					Dorchester Cour		
William T. Kinnamon					Ezellia A. Causey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL					17. INFORMANT		
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.							DRESS
_	18. / -				Mary E. T. Batch	lettor, Grane,	INCLANA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES						ONSET AND DEATH
FICATION	(G)				FUSBL	EN	2754
CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED				mar	0	
CAL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						ve exact location)
	VD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from Like 1946 Unite 7197 th						that I last saw the
	deceased alive on fine 19 Land that death occurred at 1 m., from the causes and on the da						e date stated above
	23A. SIGNATURE 23A. S						239. DATE SIGNED
24 TI	4A. BURIAL, CON, REMOVAL (S burial	Pecify) 7/27/		4c. NAME OF CEMETE Moreland Pa	1	arkville,	Maryland
D	ATE RECEIVE	D BY   PEGISTPAP	SCICNATII	DE	25. FUNERAL DIRECTOR	WY VEATTERS	ADDRESS
y	UL 24 15	PAR hute	on Nolle	ame, Mass	Mm. Cook. Inc.	1217 St. Pa	

AND THE PROPERTY OF

The state of the s ANY CLOSE VENTER BASES HAS INTO A

51 6487 before admission) townshipt 9. AGE (In years | H Under | Year | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 12 CITIZEN OF WHAT COUNT ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY .. that I last saw the 23c. DATE SIGNED

4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Church Home of Yrs. Mos. Length of stay in Baltimore Days 5. SEX SINGLE, MACRIED 6. COLOR DE RACE WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during mout of working the even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign coun INDUSTRY 13. FATHER'S NAME MAIDEN NAME uowa. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. 450,0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID ä HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) NOT WHILE 22. I hereby certify that I aftended the deceased from\_ . to\_ and that death occurred at 225 deceased alive on\_ 7 19 m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETER Es. mattho Rollon 25 Buria 25. FUNERAL DIECTOR ADDRESS DATE RECEIVED BY on his was a few and the same

VS 150



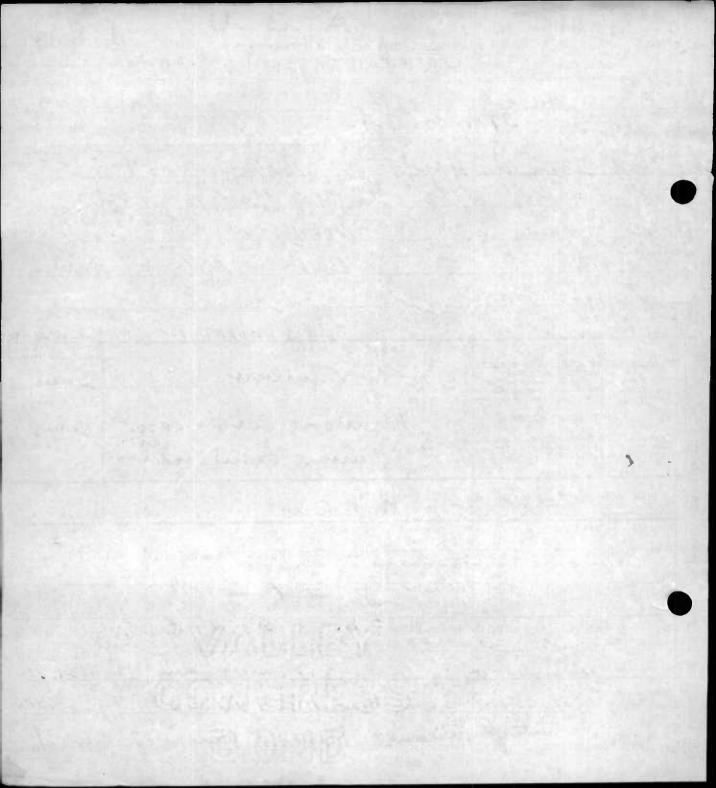
51., 6488

	BIRTH NO.			ERTIFICAT	E OF DEAT	H Register	red No.
	1. NAME OF D (Type or Print)	Villiam H	1. 100	14		2. DATE OF DEATH	7.23.1951
	3. PLACE OF D	City, Maryland			4. USUAL RESIDE	ENCE (Where deceased liver B. COUNT	cd. If institution: residence  Y before admission)
	B. FULL NAME HOSPITAL OR INSTITUTION		al or institution	n, give street address or location)	HORVI	and	limits, write RURAL and give
	DOCTOR	e's HOSP	ITAL		Bulti	more 2	7 1 () township)
			0	7 Mos.		SS (If rural, give location	on)
	Length of s	tay in Baltimore	<u> </u>	Days Days	710 WIN	STON AVE.	
	M	6. COLOR OR RACE		MARRIED. D. DWORCED (Specify)	8. DATE OF BIRTH		m's If Under 1 Year It Under 24 Hours of Months Days Hours Min.
-	10A. USUAL OC	CUPATION (Give kind of		F BUSINESS OR	11 BIRTHPLACE	State or foreign country)	12. CITIZEN OF
		of working life, even if retired) - PAWAI Shop		INDUSTRY		2.2/	WHAT COUNTRY
	13. FATHER'S		I		14. MOTHER'S MA	IDEN NAME	10, S. A.
	Ya n		AV C	pak	FILIZ	a GETH DI	ckle
C	15. WAS DECEASI Yes, no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			OLOGINIT NO.	WIFE	710 W12	STON AVE
	18. 44	3 X 1		CAUSE	OF DEATH	0 .	INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	Pama	Kind Kors	MONY ADDO.	5 MKS
	(This does heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e.g.,	(A)	pour mon	000,00000000000000000000000000000000000	2 44/13
	injury or	complication which	caused death.)	DUE TO	Λ 1	1 0 4	
1 2		ANTECEDENT CAUS	SES	hunerte	usive Cardi	-Vasentan Ole	sear
I C	DISEASE RISE TO	S OR CONDITIONS, I	F ANY, GIVING	DUE TO	•••••••••••••••••••••••••••••••••••••		
1	UNDERL'	YING CONDITION L					
G		11		(C)			
TOU		SIGNIFICANT COND					
Č	TO THE D	SEASE OR CONDITION	CAUSING IT.	INDINGS OF OPER	ATION		
-		OF OPERATION O	98, MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
1	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		E OF INJURY (e. g., i			City, give exact location)
MFDI	HOMICIDE	(Specify)	about nome, rarr	n, ractory, street, omce pidg.,	INJURY OCCU	K f	
	F INJURY	(Month) (Day) (Year)		E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m. W	ORK AT WORK		7 42	E1
	deceased a	y certify that I att live on 7.22			22 918, 1951		1971, that I last saw the
	23A S SNA		, 195 , an	ad that death occur	3B. ADDRESS	11 01	on the date stated above.    23c. DATE SIGNED
	and	10.00 00	Carox	3a M.D.	5211	YORK ON	7.24.51
	TION REMOVAL TO	CREMA 248, DATE	10/1	C. NAME OF CEMETE	/) /	24D. LOCATION (City,	
-	purea	V 7-23	- /90/	Loudon	Vark	Baltimo	
	DATE RECEIVE LOCAL REGIST		S SIGNATUR	5 9 5	25 FUNERAL DIR	Horan 3000	ADDRESS S
=	JUL 24	1951 Juntary	NOW THAT		one 4. 11	10 can 3000	e valla, M.
	vs 150		water with the	par mineral land			93)

Me Rocker Rd.

51 6489

B	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1	. NAME OF DECEASED Type or Print)	C H		2. DATE OF	4.0
3	PLACE OF DEATH:	>m/1	4. USUAL RESIDENCE (W	DEATH V CLI	13,1951
-	Baltimore City, Maryland 214	. carry H	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	ution, give streve address or location)		outside corporate limits, w	with DYID AY
1	Good Sameritan	Ussital	Ralt:	20 141-	township
P	Sa MATTIATE	Tres.	o. STREET ADDRESS (If r	ural, give location)	-
	ength of stay in Baltimore	Life Mes. Days	Man Mad	en si	1
5	. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	S. AGE (In years) If Und	r I Year   If Under 24 Hours
1	-emale CNALL	IN'	NOV.11. 1864	last birthday) Month	S Days Hours Min.
	OA. USUAL OCCUPATION (Givekind of 10B. KIN the done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF
_	none	INDUSTRI	Balto- co. M	Id.	HAT COUNTRY!
13	3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	in-jul.
	James Prott		laura	2	
15 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	WO -	J. J. No.	Gladys Hugho	8-1235W.	Re. Talou 14
	18. 422. 1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		-1.		ONSET AND DEATH
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the discr	g., (A) 1100	er failure		many
	injury or complication which caused dear	th.) OUE TO			1
	ANTECEDENT CAUSES	0.1.	.1 0		N N
Z	DISEASES OR CONDITIONS, IF ANY, GIV	(B)	none card	9-ourc.	year
TION	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	THE OUE TO		DU1.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
FICA	ONDERLYING CONDITION LAST.	(C)	rione Card	o relieros.	
E					
ERTI	OTHER SIGNIFICANT CONDITIONS CO	n. D			
CE	TRIBUTING TO THE CEATH, BUT NOT RELAT TO THE CISEASE OR CONDITION CAUSING	IT. Ites	1 roses		
7	19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
CA					YES NO
MEDICA	21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING CAUSE OF DEATH	ACE OF INJURY (e. g., it, farm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
K	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the		6, 1951, to Ju	la 19 1052	
			red at 11:45 a.m., from the		iat I last saw the
	23A, SIGNATURE		38. ADDRESS		3c. DATE SIGNED
	What when is	M. D.	3 12 Brooks	ham	3/24/51
	AA. BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or c	ounty) (State)
	Burise July 25 1851	arbutus mes	unial Park al	atus	ned
LC	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE:	25, FUNERAL DIRECTOR	AD	DRESS
	1111 7 4 1951 minu glon	MURINIA MAR	Jesush L. Ku	so 1200 mol	ullo St
0.					
1	VS 150	AND STATE OF THE PARTY OF THE P	0		930



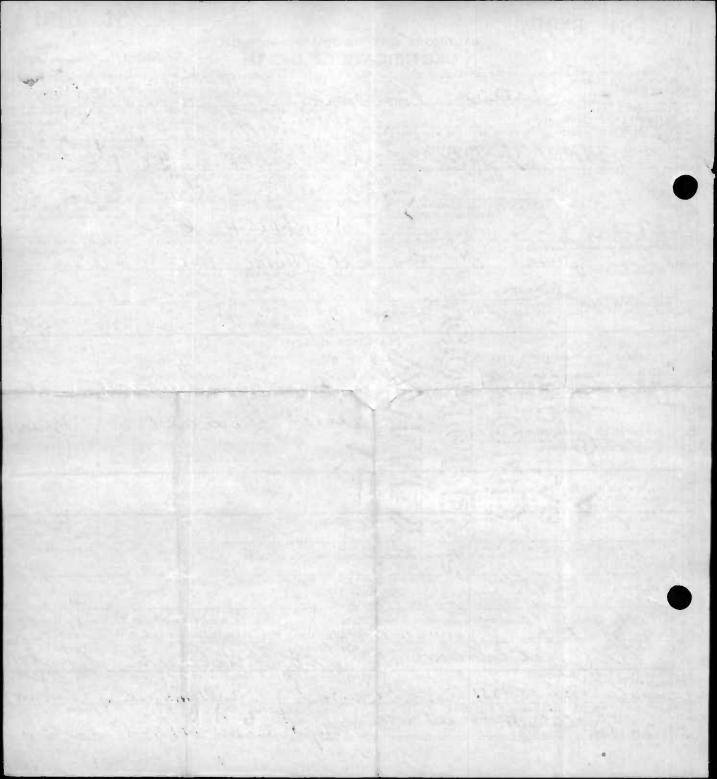
51 6490

BII	RTH NO.			CERTIFICAT	E OF DEATH	Registered 1	NO
	NAME OF C	ECEASED				2. DATE 0	10.51
	pe or Print)	ISADOR N	CAN	TOR		DEATH July	23, 1951
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)
В. І	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	manyland		Nexus administrary
	STITUTION	Union M	emon	al Hosp location)	C. CITY OF TOWN (I	If outside corporate limit	s, write RURAL and give
14	4	Baltimore	, 7	ma.	Ballimore	ushen 1	Bar ()
		D 1/2	1.	Yrs. Mos.	D. STREET ADDRESS (I	4	1+ = m /
5.	Length of s	tay in Baltimore		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	I Under 1 Year   II Under 24 Hours
-	male	white	WIDOV	VED, DIVORCED (Specify)	Sept 1, 1883.	last birthday) Mo	onths Days Hours Min.
10/ work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	Ret	ine	un	known	Russia		WHAT COUNTRY?
13.	FATHER'S				14. MOTHER'S MAIDEN N		
		OMON CA			unkn	m	
15. (Yes,	mo or nnknown)	ED EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	MI A	DDRESS
1	infermon				Herbert w. Canto	1, 3709 Bun	to 15 md.
	18. 4/7	10,01		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		90	1.01	1 +	20
	(This does	s not mean the mode oure, asthenia, etc. It mea	of dying, e.	8., (A) ///	ocardial y	sparelion	2 days
	Injury or	complication which	caused death	h.) DUE TO		0	
		ANTECEDENT CAUS	SES				
HON	DISEASE	S OR CONDITIONS, I	F ANY. GIVII	(B)		***************************************	
ATI	RISE TO T	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
FIC				ut	entelevatie.	lea tolia.	o Zun.
F		11					
띮	TRIBUTING	SIGNIFICANT COND	NOT RELAT	N. Bileto	I polycystic	Aid	2
0		OF OPERATION 1		FINDINGS OF OPER		Andreas Andreas Andreas	AUTOPSY?
AL		. 7	ob. Minoon				YES NO
18	21A. ACCIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., inform, factory, street, office bldg., of		(If in Baltimore City, 1	
MEDI	TIOMICIBL	(Directify)	ebout nome,	arm, ractory, surger, omce blug.,	etc.) INJURY OCCUR?		
	21b. TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
I	22. I hereb	y eertify that I att	ended the	deceased from	ly 20, 1951, to &	ulu 23 195	I that I last saw the
				and that death occur	red at 12 P.m., from	the Causes and on ti	he date stated above.
	23A. SIGNA	TURE	11-0	2	3B. ADDRESS	-O Hosto.	23C. DATE SIGNED
24	A. BURIAL	CREMA SAS BATE	reu		12 Al To		July 23/51
TIO	N BEMOVAL S	Specify)	2510	24c. NAME OF CEMETE	RY OR CREMATORY 246. I	OCATION (City, town,	or county) (State)
DA	TE RECEIVE	D BY REGISTRAR	// /3X	Willington	cemenying	ers uver	ullo. //lar
LO	CAL REGIST	RAR	a signal c	Miss O	25. FUNERAL DIRECTOR	Di war	ADDRESS 11 Though A
	201. 23	1951 Thurs	water	Milaur, M. P.	Soldernaon Y	21021-11244	1. 1000 UNR
	VS 150	" MANA	- Charles	DE STORMAN OF THE STATE OF			93)

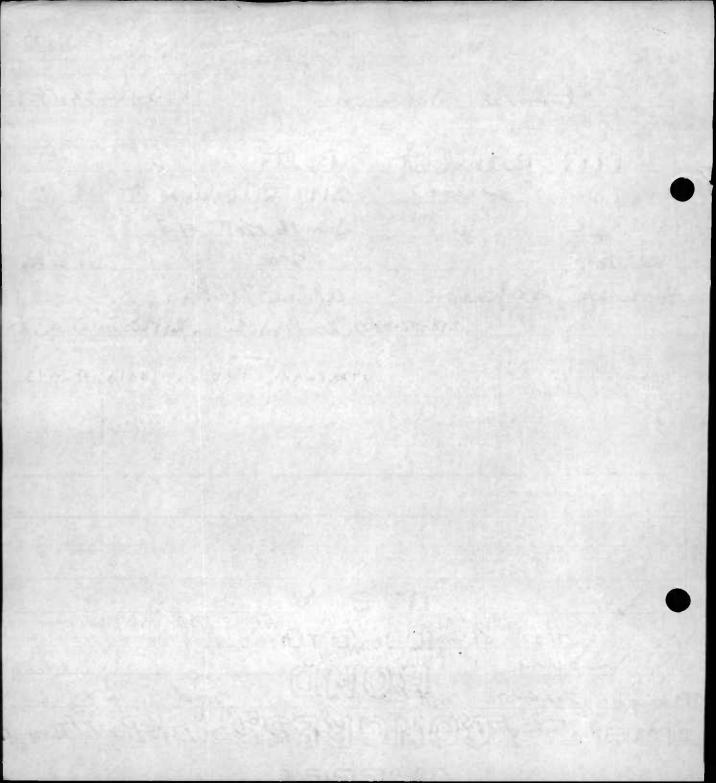
TANTO STATE OF THE PERSON NEWSCORE	
THE RESERVE OF THE PARTY OF THE	
AND THE RESERVE OF THE PARTY OF	

### BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.			CERTIFICAT	E OF DEATH	Registe	red No
	NAME OF D	DECEASED	pac	Bir	8	2. DATE OF DEATH	7/20/51
3	. PLACE OF D. Baltimore (	EATH: City, Maryland			4. USUAL RESIDEN		red. If institution: residence (Y before admission)
В	FULL NAME		al or institutio	on, give street address or location)	ma		100
	NSTITUTION	BAR-UV!	h-BA	1. Home h	c. CITY OR TOWN	Tunoel	limit, Wite Roll Al and give
	ength of s	tay in Baltimore		Mos.	D. STREET ADDRESS	(If rural, Rive location	(n) 1-1 1A
5	. SEX	6. COLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGF (in year	ars II Under I Year II Under 24 Hours
1	nale	Col	W	ED, DIVORCED (Specify)	November 15.	1888 6 2	Months Days Hours Min.
wor	k done during mont	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
13	3. FATHER'S				14. MOTHER'S MAID		10,3.4.
_		wikne			wnk	noun	
(Y	5. WAS DECEASE m, no or unknown)	ED EVER IN U.S. ARMEI (If yea, give war or date	) FORCES? a of service)	16. SOCIAL SECURITY NO.	Elizabeth	William	ADDRESS Cold Frag
	18. HY	YX I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION	TH	1/1/2	. O Va	0	AND DEATH
	heart failu	not mean the mode of re, asthenia, etc. It mea complication which of	ns the disease.		CCC) - Va	ACCURACE.	
		ANTECEDENT CAUS		DUE TO	2 . 0		
Z				(B)	me &	way	1 year
NOIT	RISE TO T	OR CONDITIONS, 1: HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	DUE TO			
N S				(C)			V
RTIFI	OTHER S	IGNIFICANT CONDI	TIONS CON-				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
	19A. DATE O	F OPERATION 1	98. MAJOR I	FINDINGS OF OPER	RATION	THE RESTREE	20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PLAC	E OF INJURY (e. g., i	n or   21C. WHERE DID	(If in Baltimore C	YES NO L
MED	LYING OF	R CONTRIBUTING [	about home, far	m, factory, street, office bldg.,	etc.) INJURY OCCUR?		The state of the s
	21D. TIME (	Month) (Day) (Year)		TE. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
	00 7 1 1		m. v	WORK AT WORK	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ages / age	man
	deceased al	in certify that I att				com the causes and	19 that I last saw the on the date stated above.
	23A. SIGNAT		1/1		3B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL, C	CREMA- 246. DATE	400	M. D.	0000	allege	m 7/20/5/
	Junal (S			AC. NAME OF CEMETE	-4-	Balling C	- had 1 1
101	ATE RECEIVED	BY PEGITTAR		E WILL OUT	25. FUNERAY DIREC		LODRESS /
	1111 7 4 1S	351 Hunting	Gr / / / / /	anny Miss !	Joseph a.	Curly 6619Ve	it Bane Shut
	VS 150		4	970		/	1210
1				1/09	9		131a



	160				
	DAGO	LTIMORE CITY HEAD	LTH DEPARTMENT	51	6492
	6492	CERTIFICATE	OF DEATH	Registered No	
	RTH NO.		1		
	NAME OF DECEASED spe or Print)	1.6		OF OF	2 100
3	PLACE OF DEATH:	JOHNMANY	. USUAL RESIDENCE (Wh	DEATH lived If instituti	ion : residence
	Baltimore City, Maryland		STATE		before admission)
	FULL NAME OF (If not in hospital or institu	A 1	mal	11/1	43
	STITUTION TO TO TO	1 de location	CITY OR TOWN (If o	utside corporate libita while	township
11	1418 Jelh	elsi	13allo		
		Yrs. D	STREET ADDRESS (If re	iral, give location	
	ngth of stay in Baltimore	Days	LIIZ WINN	mon or	
5	SEX 6 COLOR OR RACE 7. SIX GL	E, MARRIED. 8 WED, DIVORCED (Specify)	DATE OF BIRTH	9. AGE (in years It Under 1 Ye last birthday) Months Da	eys Hours Min.
	me	U	Jan 16.1908	43	
	A. USUAL OCCUPATION (Give kind of lob. KIN dong during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	I. BIRTHPLACE (State or for		TIZEN OF
	Santas	Moosikii	Na	W.	HAT COUNTRY?
13	FATHER'S NAME	APT house 1	4. MOTHER'S MAIDEN NA	ME	
	Harasa Sala		aline Fel	DA.	\/
	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 1	7 WEORMANT A	_ADDRES	9
(X 6	(If yes, give war or dates of service)	212-07-0777	0	8112	1
-	18. 000		Washers of the same	INT.	ERVAL BETWEEN
	00-1	CAUSE OF	DEATH		SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				6
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A) ) U   N	vanvar Inp	creviasis	4 MIV)
	injury or complication which caused deat				
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVE	(B)	100.00		*************************
OIL	RISE TO THE ABOVE CAUSE (A) STATING T				
CA	UNDERLYING CONDITION LAST	(C)		***************************************	
F					
P.T.	OTHER SIGNIFICANT CONDITIONS CO	N-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	FD		SD LARDI	
		R FINDINGS OF OPERAT	ION	The second secon	O. AUTOPSY?
AL					ES NO
5		ACE OF INJURY (e. g., in or		in Baltimore City, give exa	et location)
ED	LYING OR CONTRIBUTING about home	, farm, factory, street, office bldg., etc.)	INJURY OCCUR?		
Ξ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
F	INJURY	WHILE AT NOT WHILE			
	m.	WORK AT WORK	73 61 4	1	
	22. I hereby certify that I attended the	e descripped from //	20 195%, to 7	/ 22 , 195/, that	I last saw the
		and Ohut dedik oscurre		e causes and on the date	
	R3A SIGNATURE	BALTIL MADISO	ADDRESS	23c.	DATE SIGNED
-	J., viving	MORR. FOON	ST		1.24.1
III	A. BURIAL, CREMA- 248 OATE ON REMOVAL (Specify)	24c NAME OF CEME TEND	PR CREMATORY 24b. LO	CATION (City, town, or coun	ty) (State)
1	Jurial /-26-57	MICEUR	7	no	
LC	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE 1 2	LONER LADISTON	ADDR	ESS
	11 2 4 1951 Turticator /	Manus, Mile	Lu Ch Melson	1.1303 Eress	breezes .
-0	VS 150		3./	1.0	2 1
		7707	4	13	13
			/		



E	IRTH NO.			CERTIFICAT	E OF DEATH	H Regi	stered No		
1	NAME OF D	ECEASED	. Lo	uis III		2. DATE	7 -		
<u> </u>		Will	lams	Engelle		OF DEATH		.1-51	
	. PLACE OF D. Baltimore (	City, Maryland			4. USUAL RESIDE	NCE (Where decease B. CO			esidence admission)
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or	Maryland			ndel	
	OSPITAL OR	1,	,	location)	C. CITY OR TOWN	(If outside corpo	rate limits.	write RURA	L and give township)
_	South Ba	Himine ye	rena/	MUDILA .	MOCKVI	ew Beach		dena	Md P
	much of a	4 i D-14:		V Yrs. 15 Mims	D. STREET ADDRE	SS (If rural, give lo	cation)	000	
3	SEX	tay in Baltimore	7 SINGI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (1r	youre Hile	nder 1 Yaar   if	Under 24 Hours
	M	W		ved DIVORCED (Specify)		last birt	hday) Mont	hs Days He	ours Min.
10	DA. USUAL OC	CUPATION (Give kind of	108. KIN	O OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country	y)   1	2. CITIZEN	
Re	frigera	tion Engire	Sta.	Annapolis.M	tal Baltim	ore		WHAT C	SOUNTRY?
1	3. FATHER'S		2000	THE POLLO IN	14. MOTHER'S MAI			0.	<u> </u>
	Will	iam L. Enge	alke		Estella	Derr			
1	5. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	DOTT	TADA:	ES59a	
1,4	no	(11 yes, give war or date		SECURITY NO.	wrs, John S	steinsdoer	fer Se	x 59a	'D1-
-	18. 1/ 5	n 1		CAUSE	OF DEATH		101 106	INTERVAL	BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	0				ONSET A	ND DEATH
		LEADING TO DEAT	TH	g., (A)	Tonan oc	clusion é	malacan	10	
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	se.	1 infa	clusion e	J		
		ANTECEDENT CAUS		1				15791	
z	DISTAGE			(в)Н.	prestensive	L-V-D	•••••		
FICATION	RISE TO T	S OR CONDITIONS, II	STATING T	HE DUE TO	1			777	
CA	UNDERLY	ING CONDITION LA	ST.	(C)	terosclero.	tic c-v-D	)		
Ē		п		Alexander				-	
ERTI		IGNIFICANT CONDI			400	49		126	
CE		TO THE DEATH, BUT ISEASE OR CONDITION							
۲	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AU	
U	214 ACCID	THE WAS INDED	l 21p Pl	ACE OF INJURY (e. g., I	n or   21C, WHERE D	ID (If in Baltimo	no City give	YES	NO LU
MEDICA	LYING OF	R CONTRIBUTING DEATH		farm, factory, street, office bldg.		R7	re City, giv	e exact loca	acion)
2	21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE		7F			
	22. I herch	y certify that I att	ended the	deceased from II ph	7-21 351951	to 11 pm 7-	الم 19 إلى	that I lac	t sam the
	deceased al			and that death occur	rred at 11-35 m.	from the causes a			
	23A. SIGNA		,		3B. ADDRESS	, rom one camero a		23c. DATE	SIGNED
		Jung-ts:		ona M.D.	South Baltim	ore General	Hospital	7-2	1-1951
2 TI	4A. BURIAL, ON, REMOVAL (S	Specify) 48. DATE	7	24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (C	ity, town, or	county)	(State)
	Burial	July 2	5,51	0aklawn		Baltimo	re .		Md.
L	ATE RECEIVE	BY REGISTRAR	- M//	4 · C · 17 m ·	25. FUNERAL DIRE		A	ADDRESS	
	1111 64	100 In the file	Torn 19st	LANGE MAR	Thomas W & S	Simoloton	Cla	m Tann	nia

VS 150

04691

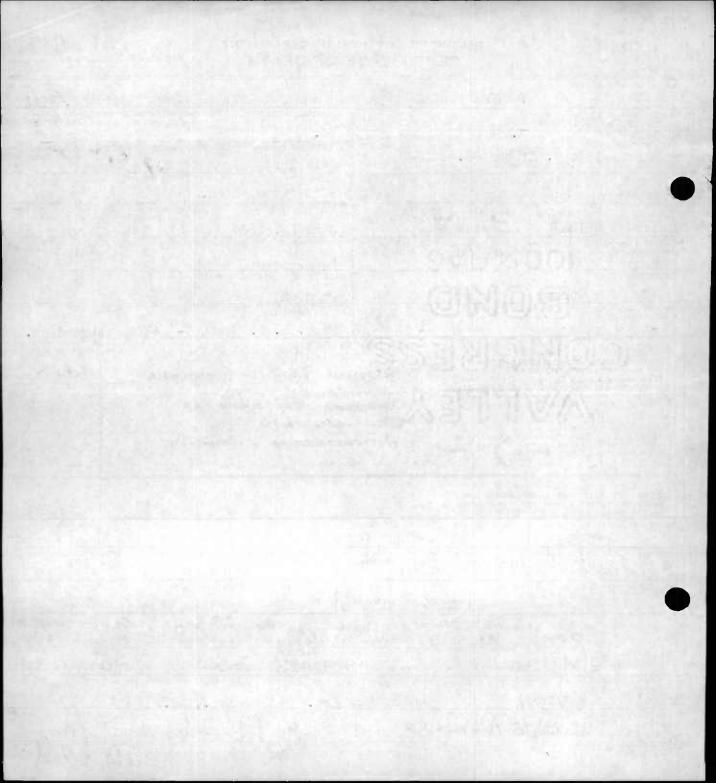
Ma.

the second of th

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6494

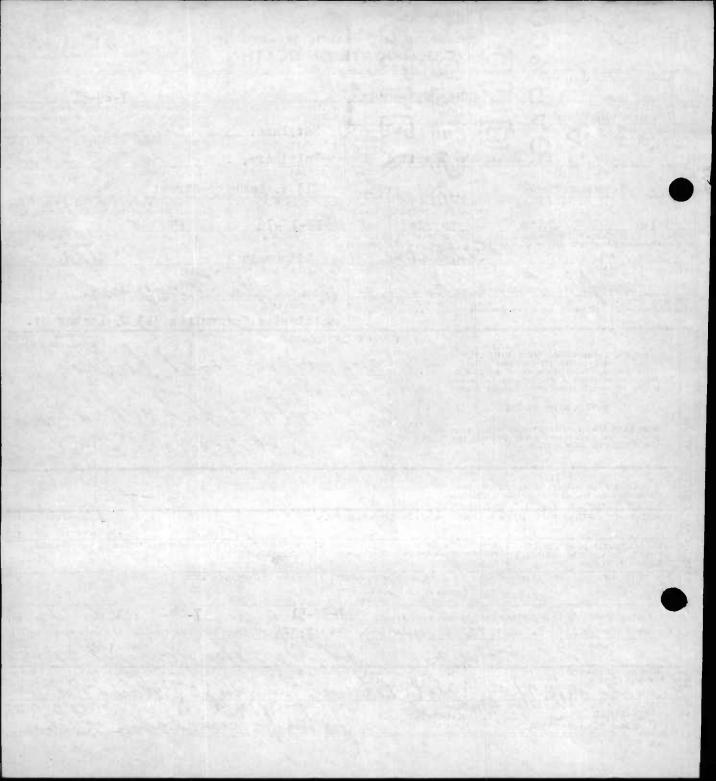
I. NAME OF DECEASED 2. DATE (Type or Print) OF PHOBE ANN DILLARD DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decensed lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, white RERAL and give INSTITUTION 3520 M. Hilton St. township; Baltimore D. STREET ADDRESS (If rural, give loca Yrs. Mos. 4022 Deepwood Rd. ngth of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year li Under 24 Hours Min. If Under 24 Hours female widowed June 13, 1864 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Pannsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Strong Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or ugknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uaknown) SECURITY NO. Capt. P. B. Hvatt 4022 Deepwood Rd INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 196, to 23 Que , 1951, that I last saw the 22. I hereby certify that I attended the deceased from \_\_\_\_\_ . 1951 and that death occurred at 6 m., from the causes and on the date stated above, deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED A GEODERA 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Loudon Park Com Balt DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/ FUNERAL DIRECTOR ADDRESS with iter /1/ 150



#### BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 6495

В	IRTH NO.			CERTIFICAT		OF DEATH	Registere	d No
	NAME OF E	DECEASED					2. DATE	
(3	Type or Print)		JOH	N CERNAUSKAS	C		OF DEATH	7 2): 57
	PLACE OF		a CO	N OPPORTUDIONAS		USUAL RESIDENCE (		If institution : residence
		City, Maryland			A.	STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address o location		Maryland.	f outside corporate li	mits, white RVRAL and give
	ISTITUTION	St. J	oseph's	Hospital		Baltimore. 1	Laker	township)
þ	VIII DE SE			Yrs.		STREET ADDRESS (If	rural, give location)	
		stay in Baltimore		57 yrs Days		713 W. Lombar	d Street	
2	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify		DATE OF BIRTH	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months: Days Hours: Min.
-	Male	White		Married		12-18-75	75	
wor	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	POF BUGINESS OR NOUSTR	11.	BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tail	2	3	dustril		Lithuania		USA
13	FATHER'S	NAME A		1	14	MOTHER'S MAIDEN N	IAME	1000
	Fine	who to on		shar.	1	M	havin	
15	. WAS DECEAS	EDEVER IN U. S. ARMED	FORCES?	16, SOCIAL		yarcella	Manyu	
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		INFORMANT		ADDRESS
-	-				A	ntoinette Cern	auskas /13	W. Lombard St.
	18. 4	2 / 1		CAUSE	OF	DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	1		estive he	+/	· A
	(This does	LEADING TO DEAT not mean the mode o	f dying, e. g		90	SVIVE	drifa	ildre
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e,	1			
		ANTECEDENT CALL		14		/	1.1	111
7	M. Commercial	ANTECEDENT CAUS	ES	HO	ri	cular	11641	18aTia
ō	DISEASE	S OR CONDITIONS, IF	ANY, GIVIN					
E	UNDERL'	HE ABOVE CAUSE (A)	STATING TH ST.	E DUE TO	or	insolar	atio (	
RTIFICATION	100			(c)		10066	0// 5	
1		11						
2	OTHER S	IGNIFICANT CONDI	TIONS CON					
CE		TO THE DEATH, BUT						
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATI	NO		20. AUTOPSY?
¥								YES NO
EDICA	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	, in or	21c. WHERE DID (	If in Baltimore City	y, give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH	ebout home,	arm, factory, street, office bldg.	,,etc.)	INJURY OCCUR?		
-	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED	21F. HOW DID INJUR	Y OCCUR?	
7	DF INJURY		m. v	WHILE AT NOT WHILE				
h	22. I hereh	y certify that I att			-	22-51 , 19 , to_	7-24 19	57 43-47/
	deceased a							that I last saw the
	23A. SIGNA	TURE	19 71.			ADDRESS	the causes and on	the date stated above.
		1/ 10	121	0	C	· Vm. sh	a Hosto	7-24-5
		CREMA 248. DATE	1 2	M. D.	ERY	R CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)
	N. REMOVAL (S	pecify) n n n	m1.	21-1, 81		a fac 1/11	21 Dal.	· -P1
D	ATE RECEIVE	D BY   REGISTRAR'S	SECOLATIO	Hory Mace	em	er am. 79	30 outa	reda.
	CAL REGIST	RAR	Willia	white High	177	FUNERAL OFREGTOR	0 0	ADDESSO / ST.
	JUL 74	195 Junti 4/47			12	omit or	man 450	n Hollins
	VS 150	307	- 15 <sup>0</sup>		1	1		
1				V		/		930
		and the second s						1-/



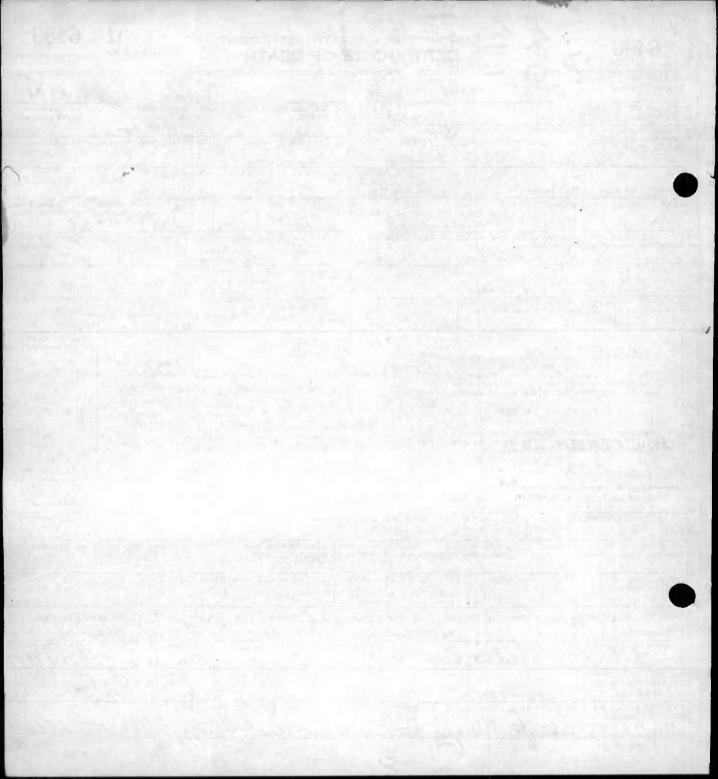
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT HAROLD OF TILLEY DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF. Imon Memorial Hosp location) C. CITY OR TOWN (If outside corporate/limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) ma 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? machini 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME MAChine tools (A anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yee, no or nnknown) (If yes, give war or dates of service SECURITY NO 17-22-4043 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Sportaniana suntul heart failure, asthenia, etc. It means the disease, ageta with dissection injury or complication which caused death.) I suptint into plude ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CEBTIFICATION SYRPROMED BY ATING THE DUE TO FICA DITIONS CON-CHIEF OR ASSTOMEDICAL EXAMPLE NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF CAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? July 24, 1951, that I last saw the 22. I hereby certify that I attended the deceased from July 24 . 19.5 to\_ deceased alive on 1944, 1951, and that death occurred at 5:52 Am., from the causes and on the safe stated above. 23A. SIGNATURE 24A. BURTAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION/City town, or county) TION REMOVAL (Specify) Zurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

143L

157 F md



G ZO CERTIFICATE CORRECTED 9-27-51.  BALTIMORE CITY HEALTH DEPARTMENT	51 6497
ETH NO. 6497 CERTIFICATE OF DEATH	Registered No
1. NAME OF DECEASED WALTER S. Cross	DATE OF DEATH /4/4 23, 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where A. STATE	e deceased lived. If institution: residence  B. COUNTY before dimission)
	side corporate imps, write AUICAL and give township)
2320 ARUNAH AVE. BALTIMOTE D. STREET ADDRESS (If rura	al, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9.	AGE (In years   If Under   Year   II Under 24 Hours
MALE WIDOWED, DIVORCED (Specify)  NUMB 26,1868  10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR  11. BIRTHPLACE State or foreign	last birthday)   Months Days   Hours Min.
Photographer Fastman Kodak Baltimore	MAT COUNTRY?
Samuel J. Cross  14. MOTHER'S MAIDEN NAME  MAYORYPT BE	arr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go or unknown) (If yes, give wer or dates of service) 16. SECURITY NO. 17. INFORMANT Mrs. Lydia B. C.	ross 2320 Arunah Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	oschresis
198. MAJOR FINDINGS OF OPERATION	YES NO
LYING OR CONTRIBUTING about home, (arm, factory, street, office bldg, etc.) INJURY OCCUR?	Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY OF WHILE AT WORK AT WORK	CUR?
deceased alive on 195, 195, and that death occurred at 6.00 m., from the company of the state of	eauses and on the date stated above.
	ATION (Fifty, tolvin, or county) (State)
DATE RECEIVED BY REGISTRAR SIGNATURE LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR	ADDRESS PI
JUL 2,41951	93)

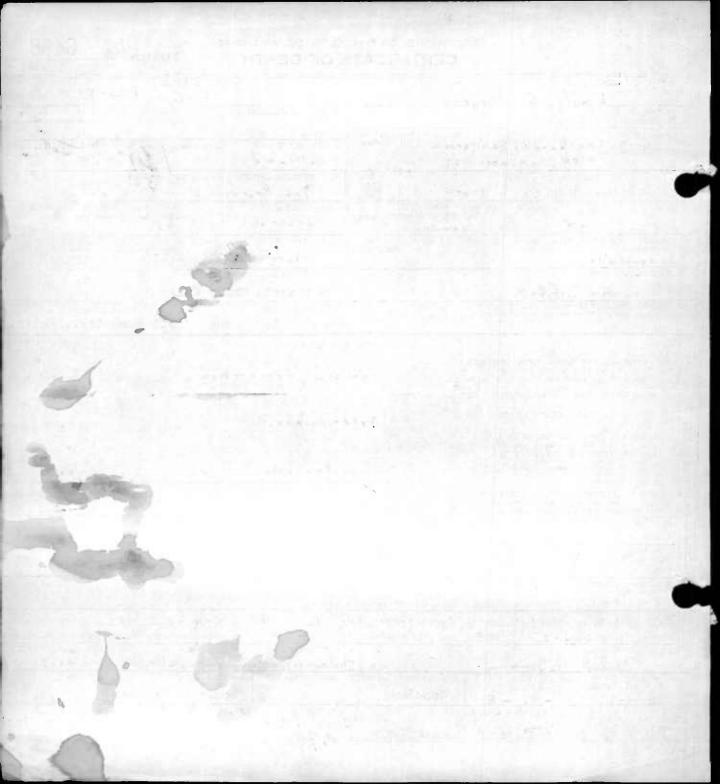
A VALUE AND A STATE OF THE STAT TO SEE PROBLEM OF THE SEE SEEDING SEEDING SEEDING THE RESIDENCE OF THE PARTY OF T marketing and state of the stat The state of the s Convenience of the State of the Carlot con a language and the contract of the

7		7	
1	0		
1	543	38	
BIRTH	NO		

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6498

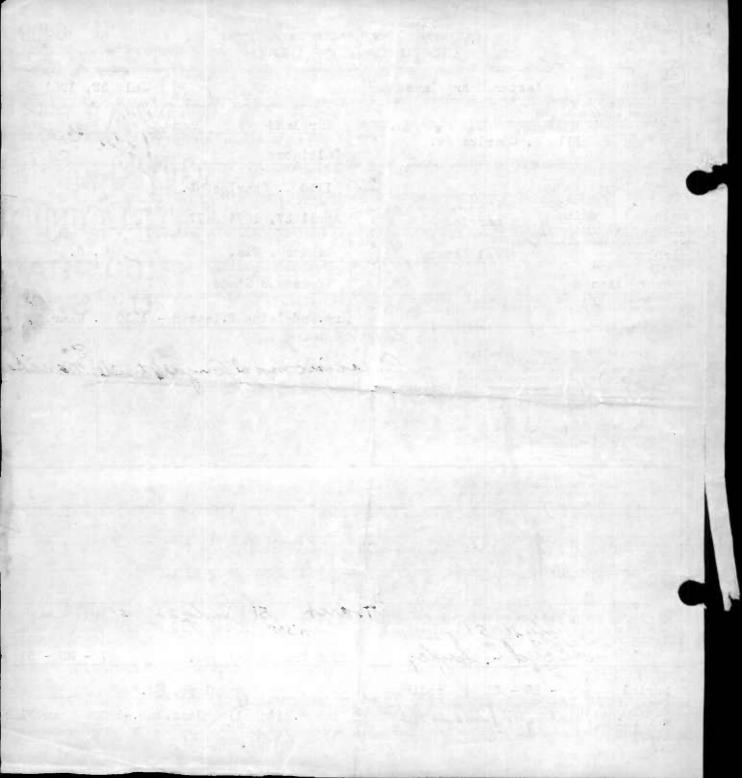
1	BIR	TH NO.						
	1. N (Typ	NAME OF DI		D			2. DATE 7-23	- 51
1	3. P	PLACE OF DI	EATH: City, Maryland	Roge	F.S.	4. USUAL RESIDE	NCE (Where deceased lived, If in	
1	B. FI	ULL NAME	OF (If not in hospita	al or institut	tion, give street address or	Md		7
	INS	SPITAL OR STITUTION	The Quadry		location)	B. Itimore	(If outside corporate limits	with (PAAL and give township)
II.	TA-		Ather, Balt	mote 1	2.¶ Yrs.		SS (If rural, give location)	
1	_		tay in Baltimore	Year	Mos. Days	712 Res	evoir St. Reser	
	5. S	F	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	7-20-66	9. AGE (In years last birthday)	Inder I Year II Under 24 Hours ths: Days Hours: Min.
,			CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country) (Montgomery County)	12. CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S N				14. MOTHER'S MAI		
		10	ohn C. Estep			Elizabeth	Emily Wiley	
	15. (Yes,	WAS DECEASE no or unknown)	ED EVER IN U. S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Wyatt Wiley	AD	Ave., Balto.
1		18. 9 2	1150		CALISE	OF DEATH		INTERVAL BETWEEN
		20	SE OR CONDITION					ONSET AND DEATH
		(This does	LEADING TO DEA's not mean the mode of	TH of dying, e. :	E., (A) Cere	ebral Itemo	rehose	2 days
			re, asthenia, etc. It mea complication which o					-200000
			ANTECEDENT CAUS	SES	4.4	a planela con a		
	Z	DISFASE	S OR CONDITIONS, I	F ANY GIVE	(B)	4 +100c12+0315		Years
	ATI	RISE TO T	THE ABOVE CAUSE (A)	STATING T				4
	10/2				Hyb	ertension		1/9 115
1	RTIFI		II COND	ITIONS				
	ш	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	'FD			
	0 -				R FINDINGS OF OPER	RATION		20. AUTOPSY?
	CAL			1	105.05		ID (TE in Dala) City	YES NO
	1EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,			ive exact location)
Į	2	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
ř				m.	WHILE AT NOT WHILE AT WORK			
1	1	22. I hereb	y certify that I att	tended the	deceased from 10	ابر 6 , 1950	, to July 25 , 1951	, that I last saw the
1		deceased a	live on July 23	_, 19_5	and that death occur	rred at 2:45 P m.,	from the eauses and on th	e date stated abovc.
		23A. SIGNA	O O I / CO	1.		23B. ADDRESS	rin AThol, Balto. 29	23c. DATE SIGNED
	24/	A. BURIAL.	CREMA- 24B. DATE	and I	M. D.   L 24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	
	TIO	N. REMOVAL (S	Specify)		Woodlawn		Woodlawn, Marylan	d
	DA	buria	D BY   REGISTRAR		URE L		EQTOR :	ADDRESS'
	LO	CAL REGIST	1951 1	ton Wil	Laura M. M.	John O.Mitche	ell & Sons, Inc19	00 Eutaw Place
	-	VS 150	60			1115 1	Hickell	(de)
ı						1.	1	X Q



# BALTIMORE CITY HEALTH DEPARTMENT

51 6499

BIRTH NO.		CERTIFICAT	E OF DEATH	Register	ru 110
1. NAME OF DEC (Type or Print)		ter Henry Lawson		OF JU	ly 22, 1951
3. PLACE OF DEA A. Baltimore Cit B. FULL NAME OF HOSPITAL OR INSTITUTION	ty, Maryland  F (If not in hospit	al or institution, give street address or location)			before admission
00			Baltimore		township
	y in Baltimore	31; Yrs. Mos. Days	D. STREET ADDRESS (If a lillo N. Charles		)
male	white	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 27, 1874	9. AGE (In year last birthday)	Months Days Hours Min
Broker	UPATION (Give kind of rorking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY Real Estate	Oshkosh, Wis.	reign country)	U. S.
13. FATHER'S NA			14. MOTHER'S MAIDEN NA Rosamond Stone		
15. WAS DECEASED	EVER IN U.S. ARMEI	FORCES?   16. SOCIAL			
(Yes, no or unknown)	(If yes, give war or date	of service) SECURITY NO.	Mrs.Madeleine P.I	Awson = 11	ADDRESS
DISEASES ( RISE TO THE UNDERLYIN  OTHER SIG	NTECEDENT CAUS OR CONDITIONS, III E ABOVE CAUSE (A) NG CONDITION LA  SNIFICANT CONDITION TO THE OEATH, BUT EASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)			
19A. DATE OF	OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	NT WAS UNDER-	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore Ci	ty, give exact location)
W CAUSE OF DE					
CAUSE OF DE		(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK ALWORK		OCCUR?	
CAUSE OF DE 21D. TIME (MOF INJURY)  22. I hereby deceased aliv	certify that I att	m. WHILE AT NOT WHILE AT WORK ended the deceased from 1/2/1951, and that death occur	arch , 1951, to le rred at 4:30 Pm., from the	elg 22, 1	n the date stated above
CAUSE OF DE 21D. TIME (MOF INJURY)  22. I hereby deceased aliv 23A. SIGNATU	certify that I att	ended the deceased from [1] [2] [2] [3] [4] [5] [4] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6	arch, 1951, to rred at 4:30 Pm., from the 23B. ADDRESS 3902 Greenmount A	lg 22, 1 he duses and o	23c. DATE SIGNED 7 - 23 - 51
CAUSE OF DE 21D. TIME (MOF INJURY)  22. I hereby deceased aliv	certify that I att	ended the deceased from.  1951, and that death occur  Not white At work  ended the deceased from.  219 MANE OF CEMETE	rred at 4.30 Pm., from the 238. ADDRESS 3902 Greenmount A	elg 22, 1 recurses and o	n the date stated above 23c. DATE SIGNED 7 - 23 - 51



14-60 51 6500

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered \\ \frac{51}{0} \\ 6500

BIRTH NO.			LICHII IOA	L OI BLAIII		
1. NAME OF D (Type or Print)	ECEASED				2. DATE	
(Type or Frint)		ANNA D.	FLURY		OF DEATH Jul	v 22. 1051.
	City, Maryland 34			A. STATE	B. COUNTY	lf institution : résidence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)				C. CITY OR TOWN (If outside corporate limits, write RULA), and give		
nu .		-	ife Yrs.		(If rural, give location)	
ength of stay in Baltimore Mos. Days				3431 Hudson St.		
5. SEX	omale White Widowed (Specify			March 17, 187	9. AGE (In years last birthday)	Months Days Hours Min.
	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY House Work		Baltimore		12. CITIZEN OF WHAT COUNTRY? U-S-A-
13. FATHER'S N		110000	O. L.	14. MOTHER'S MAID		0000110
	John Schr	nidt		Anna Roemer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL				17. INFORMANT ADDRESS		
Yee, no or unknown) NO	(If yee, give war or dates NO	of service)	None		y 5632 Belair R	71.20
18. 47	0.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY						3 (
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,						a druss,
injury or	re, asthenia, etc. It mear complication which ca	used death.)	DUE TO		Service of the	
	ANTECEDENT CAUS	ES	(1)	To L	20.	
_			(8)	Ture - K	Cleron	
RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A)	STATING THE	DUE TO			
<b>▼</b>	ING CONDITION LAS	ЭТ.	(C)	***************************************		
OTHER SIGNIFICANT CONDITIONS CON-						0-33
	TO THE DEATH, BUT !					
			NDINGS OF OPE	RATION		20. AUTOPSY?
						YES NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-		OF INJURY (e. g., factory, etreet, office bldg		(If in Baltimore City,	give exact location)
210. TIME (	(Month) (Day) (Year)	(Hour)   21E	. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
F INJURY			LE AT NOT WHIL			
22 / Lough			ORK WORK		hul. 22 10	(10.11.
descend al	ive on July 7	ended the do	ceased from	6:30 PaMa		I, that I last saw the
23A. SIGNAT		, 19 and	a that aeath occi	238, ADDRESS	rosh the duses and on	23c. DATE SIGNED
ando		me	м. р.	2539 6 as	ten au.	1-23 11
24A. BURIAL. C	REMA- 248. DATE				40. LOCATION (City, tow	n, or county) (State)
tion, REMOVAL (S Burial	July 25	1951	Sacred Hear	t Cemeterv	4701 German Hil	1 Rd. Balto.Co.
DATE RECEIVED	D BY REGISTRAR'S	SIGNATURE		25 FUNERAL PREC	TORA (	ADDRESS
LOCAL REGIST	RAR Thurting	to Milli	WILLIAM !	To harden X &	901 8. Conk	ling St.
VS 150	1391 3			NO PORTER OF THE PARTY OF THE P	,	
V3 150		-	72	SA		GLA
			120	0/7		1700

Appl "Manon to (121 SE VIEW TOTAL ENGEON LE. Arrob 17, 1877 Tra .51/2038-11/20 from savel to be their . The state of the 9 b 0 4 only 25 thm. He cred Minte Octobergo - 4771 denies Mil M. 142 to. 10. the make of the state of the state of